

Undoing inequity – water, sanitation and hygiene services that deliver for all in Uganda and Zambia



Joyce Apiny showing how she uses her accessible washroom, Katakwi district, Uganda.
WaterAid/Jane Wilbur

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Acronyms and abbreviations

ATC	Appropriate technology centre (Uganda)
CLTS	Community-led total sanitation
CRPD	UN Convention on the Rights of Persons with Disabilities
DAPP	Development aid from people to people (Zambia)
DPO	Disabled people's organisation
LCD	Leonard Cheshire Disability
LCIDC	Leonard Cheshire Inclusive Development Centre
RWH	Rainwater harvesting
SHARE	Sanitation and Hygiene Applied Research for Equity
TEDDO	Church of Uganda, Teso District Development Organisation
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WEDA	Wera Development Agency (Uganda)
WEDC	Water, Engineering Development Centre (UK)
WHO	World Health Organization

Executive summary

WaterAid has been undertaking a collaborative research project called ‘Undoing Inequity – water, sanitation and hygiene services that deliver for all in Uganda and Zambia’. The aims of the project are to try to understand the barriers and opportunities disabled, chronically sick and older people face to accessing water, sanitation and hygiene (WASH) services; to develop and test an inclusive WASH approach that addresses the barriers; and to assess the impact that improved access to safe WASH has on the lives of these vulnerable people. Partly funded by Sanitation and Hygiene Applied Research for Equity (SHARE), this research project running from January 2012 to December 2014 is part of a wider equity and inclusion programme which has been developing in WaterAid since 2010.

The purpose of this review was to examine the strengths and weaknesses of the emerging approach to inclusive WASH that has been developed in Uganda and Zambia, and to make recommendations for how this might be scaled up across WaterAid.

The review shows very strong evidence that WaterAid staff in Uganda and Zambia are approaching inclusive WASH as a process rather than as a specific project – at least in principle. Staff are aware that inclusion applies to everything they do, although for this to become embedded across their programmes will take time. WaterAid partners have taken longer than WaterAid staff to adopt inclusive principles, and to varying degrees still regard inclusive activities to be specifically linked to environmental access for disabled people. Nevertheless, evidence indicates that partners realise that inclusion is applicable to all areas of development, even if they cannot yet confidently operationalise this.

Because of the participatory nature of the Undoing Inequity project, and, in particular, its more recent emphasis on researching the process, there is now a high degree of ownership of the inclusive WASH process in Uganda and Zambia. As mentioned, the idea of inclusion being applicable to all development is well understood, and WaterAid staff and partners are keen to continue and expand the work.

Some of the key concepts associated with inclusive WASH – such as disability, rights-based approach and social inclusion – have proved difficult to introduce, especially to partners and communities. WaterAid underestimated the amount of support and training people needed at the beginning of the project, and therefore some of the early interventions were not exactly inclusive; rather, the interventions tended to focus on finding hardware-based solutions to physical access. Although these solutions are very important, and can be a very good way to raise the profile of the right to accessible WASH, it obviously removed focus from meaningful

participation in decision-making. It is now much clearer that concepts such as participation and rights are highly innovative for many people and that WaterAid and partner staff involved in this project need ongoing support to develop the skills necessary to apply the inclusive WASH approach.

The review showed clearly that WaterAid is in a unique position to bridge the gap between the social inclusion sector and the water, sanitation and hygiene sector. WaterAid is developing a very practical and effective inclusive WASH approach, which is highly replicable. With increasing evidence for the effectiveness of inclusive WASH, WaterAid has the opportunity to advocate widely for it to be adopted across the sector. WaterAid is also working well with the social inclusion sector, which traditionally has not paid much attention to WASH issues. Advocacy that combines messages from both sectors could have an important impact on the post-2015 Sustainable Development Goal discussions.

Section 1 Summary of key findings

This brief review has enabled identification of several interesting observations and learning opportunities with respect to WaterAid's evolving inclusive WASH approach.

- **A consistent 'inclusive WASH' approach is being applied at country level**

In Uganda and Zambia programmes and partners are implementing a series of actions including increased numbers of vulnerable people into WASH activities (see Figure 1). Both programmes appreciate the need for an initial baseline or context review as part of a process to identify who faces exclusion from development. Sensitisation of communities to issues around rights and inclusion follows, along with a mobilisation process that seeks to identify vulnerable individuals living in the target communities. Work then focuses on ensuring that meetings, training sessions and planning forums involve these individuals, and that they have the opportunity to express their needs and contribute to decision-making. Last, different accessible WASH facilities are discussed and developed, with monitoring and support provided as people learn how to create and maintain new designs.

- **Programme staff and partners now feel ownership of inclusive WASH**

As a result of the mentoring, training and support provided to Uganda and Zambia by WaterAid UK, WEDC and local partners such as ATC, staff and partners in both countries now perceive inclusive WASH as a process. Although it has been hard for partners and staff to realise that what they have been involved in was not a discreet project, they are now at a point at which they can appreciate that the work is a change in the way WASH is delivered. New working norms are being established, and these are beginning to affect whole organisations. There is still some way to go to fully embed the approach, and if individual staff leave it might be affected, but an increasing number of people are now involved (community members and their leaders, tradespeople, government representatives, and partner and programme staff) and so demand is increasing.

- **Inclusive WASH improves the way organisations engage with communities and improves interactions within communities**

Some interesting benefits have emerged from the review of the inclusive approach. One is that WaterAid programmes have become much more aware of their partners' capacity to facilitate community-led development. When partners were put under pressure to mobilise a diverse range of people to participate in inclusive WASH activities, their shortage of facilitation skills became clear. A series of training and mentoring activities were initiated to improve this engagement, which have increased capacity – not only for WASH activities, but also for other programmes. This training has also started to improve the ways communities organise

themselves and respond to different needs. With closer attention to ensuring a wide range of people are represented in planning and decision-making, communities are becoming much more aware of the range of issues and solutions. Positive changes in attitudes towards vulnerable people are also occurring as people are enabled to show their value.

- **Key concepts such as rights, inclusion, disability and vulnerability need to be constantly reinforced because they represent a shift in perception of development problems**

One of the most difficult aspects of applying an inclusive WASH approach has been the definition of its principles in practical terms. Although programme staff showed a more consistent understanding of key concepts, they were not as confident at transferring that knowledge to partners. In turn, partners found these new ways of approaching problems unfamiliar and perhaps, for them, without precedent. When new concepts like this emerge new vocabulary is needed to reinforce the ideas and ensure actions can be replicated in different contexts. One of the problems with introducing the new approaches has been little attention to ensuring key principles and concepts are defined in local languages, and ensuring reference materials are available for the early stages of implementation. Communities are highly unpredictable in their response to awareness-raising and sensitisation around inclusion, and can raise very demanding questions as they struggle with the change in standard. Those tasked with introducing the new ways of thinking have to be very confident in their own knowledge and, although confidence does increase with experience, this is initially very hard.

- **Costing inclusive WASH is very complex and risks creating disincentives if the language used is too negative**

One clear learning point from this review is that WaterAid is unlikely to be able to get definitive information about the cost of inclusion. In a sense, focusing on cost without being able to establish the value of the outcomes (ie, to calculate cost-benefits) might be counterproductive, simply highlighting that inclusive processes 'cost more'. Perhaps a better way to phrase this is to say: '*this* is the cost of an inclusive process'. Because WaterAid has no intention of not being inclusive, in the future it will need to ensure that the language it uses to refer to the process is positive. To refer to 'extra' or 'additional' costs risks reinforcing the idea that inclusion is optional rather than integral.

- **Accessibility audits with vulnerable and non-vulnerable people together are a powerful tool in the inclusive WASH process**

Although accessibility audits were only carried out on a small scale in Zambia, the effect was profound. They were one of the most powerful tools for changing attitudes and for highlighting the need for practical change. The experience people gained from observing first-hand how difficult it was to access standard WASH

facilities led to immediate calls for change. It also gave vulnerable people an opportunity not only to express their challenges but also to show they had valuable insights to contribute to discussions. Whether accessibility audits could become a standard part of the inclusive WASH approach is worth considering.

- **WaterAid has a unique opportunity to bridge the gap between the social inclusion sector and the WASH sector with its inclusive approach**

The review clearly showed that WaterAid has developed an approach which is widely applicable to the WASH sector. The actions necessary to improve the participation of a wide range of people in WASH decision-making are not radically different from the norm, and can be integrated into approaches such as Community Led Total Sanitation (CLTS) if there is organisational ‘will’ or ‘buy-in’. WaterAid is beginning to show that this integration can be achieved. In reaching out to a more diverse range of people, WaterAid has connected with the social inclusion sector – such as agencies working with vulnerable people, for example disability NGOs, Disabled People’s Organisations and those representing older people. This engagement has highlighted the fact that these agencies rarely consider WASH to be part of their programme work and yet it is fundamental to the way people are able to live their lives. By working with both sectors WaterAid has identified a significant gap in the social inclusion process. Paying attention to how people access WASH actions highlights many of the deprivations and the discrimination that some people face. Efforts to improve this situation lead not only to a better standard of living but also to changes in attitude.

Section 2 Background

WaterAid has been undertaking a collaborative research project called ‘Undoing Inequity – water, sanitation and hygiene services that deliver for all in Uganda and Zambia’. The aims of the project are to try to understand the barriers and opportunities disabled, chronically sick and older people face to WASH services; to develop and test an inclusive WASH approach that addresses the barriers; and to assess the impact that improved access to safe WASH has on the lives of these vulnerable people. Partly funded by Sanitation and Hygiene Applied Research for Equity (SHARE), this research project running from January 2012 to December 2014 is part of a wider equity and inclusion programme which has been developing in WaterAid since 2010.

As part of the collaboration WaterAid has been working with the Water, Engineering and Development Centre (WEDC), and Leonard Cheshire Inclusive Development Centre (LCIDC). The Institute of Economic and Social Research (University of Zambia) and the Appropriate Technology Centre (ATC) in Uganda are research partners who did the baseline and mid-term review data collection. At the country level, WaterAid programmes have been working with their partners (Development Aid from People to People in Zambia; Wera Development Agency and Church of Uganda Teso District Development Organisation in Uganda) to implement, monitor and document inclusive WASH.

It is important to recognise that the inclusive WASH approach reviewed in this study developed organically within WaterAid over several years in response to local demands and international rights frameworks. Since its establishment in 1981, WaterAid has tried to address equity issues by focusing its work in some of the least developed countries in Africa and Asia, and by working with communities and people who are marginalised.¹ As an organisation, WaterAid made a commitment to promoting a more proactive equity and inclusion agenda in their Global Strategy (2009–2015) which states as a key value that their work should be inclusive: ‘WaterAid aims to be inclusive in all that we do.’²

The first aim of the Global Strategy is to ‘promote and secure poor people’s rights and access to safe water, improved hygiene and sanitation’, which recognises that some marginalised and vulnerable people lack access to WASH services and can be excluded from decision-making processes.

In order to operationalise the aim and value, WaterAid developed a comprehensive Equity and Inclusion Framework (2010) based on 18 months of consultations with programmes, partners and key external stakeholders, aiming to provide a ‘common, coherent and pragmatic understanding of equity and inclusion’ and establish a set of ‘minimum standards and indicators to make sure we are

effective'.³ Without being prescriptive, this framework sets out to define the basic principles of equity, inclusion and the rights-based approach, and describes how these can be applied in practice and how the results can be monitored and measured.

Although not explicitly stated, the idea behind the framework follows a 'twin-track' approach⁴ – to work to ensure that all WaterAid programmes are 'broadly inclusive' while recognising that '(S)ome work will also focus on approaches designed to reach specific marginalised groups'.⁵ The framework also identifies that it is not only project activities that need to address equity and inclusion, but that WaterAid also needs to develop the capacity of partners to adopt this approach and work on its own internal systems to ensure staff are not excluded from recruitment and retention.

This framework has developed within an international environment in which there is growing appreciation that issues of exclusion, vulnerability and inequality are inextricably linked to chronic poverty.⁶ For specific groups such as disabled people, the past few years have seen a far greater focus from mainstream development agencies on the effects of their exclusion from the development process as a result of international frameworks such as the UN Convention on the Rights of Persons with Disabilities⁷ and key reports such as WHO's World Report on Disability⁸ and UNICEF's State of the World's Children 2013 report focused on disability.⁹ It has been evident since 2010 that the Millennium Development Goals will not be achievable without the inclusion of disabled people,¹⁰ which was most recently affirmed by statements within the High-Level Panel report into the post-2015 agenda that recommended future frameworks should 'leave no one behind...regardless of ethnicity, gender, geography, disability, race or other status'.¹¹

2.1 Methodology

As part of the overall process monitoring research work, this review aimed to: assess the strengths and weaknesses of the approach to implementing inclusive WASH; look at the approach used in process monitoring; and assess the prospects to mainstream it within WaterAid. Specifically, the approach will address:

- The 'Inclusive WASH approach', including the collaborative process of development and implementation.
- Capacity development mechanisms and the impact on staff skills, understanding, awareness and attitudes for more inclusive and accessible programming.
- The extent to which staff and partners implementing the programme understand and own the inclusive approach to WASH.

- Process monitoring tools developed and the data generated from administering the tools.
- Challenges related to costing the inclusive WASH approach.
- Forward-looking recommendations about how to improve the approach and mainstream it within WaterAid's work.

This review was done using a document review and key informant interviews. 17 people were interviewed, via Skype, representing WaterAid staff from the UK, Zambia and Uganda; partner staff from Zambia and Uganda; and the WEDC and ATC.¹² Appendix 2 contains a full list of documents reviewed.

Section 3 Main findings

3.1 The inclusive WASH approach

Since 2010 WaterAid programmes have been piloting equity and inclusion work to varying degrees, but what became evident from several programme reviews was that this work often took the form of projects that directly targeted disabled people;¹³ general barriers were not being systematically identified and interventions were not being designed around social model principles.¹⁴ In 2011 WaterAid, in collaboration with its SHARE consortium partners¹⁵ and Leonard Cheshire Disability's Cross-Cutting Disability Research Programme, brought together 22 researchers and policy makers with experience in WASH, disability and equity for a roundtable discussion on current knowledge and practice regarding access to WASH for disabled people. The resulting briefing paper highlighted the fact that disabled people are rarely prioritised in WASH interventions and are subject to environmental, institutional and attitudinal barriers that prevent their participation.¹⁶ However, small-scale interventions were generating evidence for what types of issues are key for inclusion and how the needs of disabled people can be built into project designs. The problem was that such small-scale findings were not being used systematically to inform the sector about the most effective approaches to inclusion.

The Undoing Inequity project

As a result, WaterAid put together a collaborative research project with WEDC and LCIDC to investigate and document how to increase the inclusivity of WASH programmes. Under the research project entitled 'Undoing inequity: inclusive water, sanitation and hygiene programmes that deliver for all', WaterAid has been researching and documenting a practical approach aimed at improving access to WASH. Two country programmes, Uganda and Zambia, have been working with their partners (Development Aid from People to People in Zambia, Wera Development Agency, and Church of Uganda Teso District Development Organisation in Uganda) to implement, monitor and document the approach, while in the UK they have been supporting and collating the evidence to draw lessons applicable to the whole organisation.

The research was based on the premise that both countries were already implementing some form of inclusive WASH activities mostly limited to addressing physical barriers, but would be supported to develop and carry out the process monitoring activities associated with the research.¹⁷ This premise assumed that

programme and partner staff were familiar with the principles of equity and inclusion and had the capacity to run inclusive interventions. Although the original research proposal did include a budget for additional activities, such as staff time and design of accessible WASH facilities, these activities were not included in the final donor contract because of a shortfall in funding.¹⁸

The inclusive approach described in the research protocol¹⁹ is not an explicit series of actions, although it does cover elements of what programmes have been implementing.²⁰ Interestingly, it does not refer to WaterAid's Equity and Inclusion Framework. The approach in the protocol suggests: developing the capacity of practitioners to design inclusive WASH interventions; conducting and analysing baseline information on the barriers faced by vulnerable people to accessing standard WASH facilities; mobilising communities to include everyone in activities; providing accessible information around sanitation and hygiene; locating and constructing facilities that are accessible and appropriate for different sections of the community; ensuring water user committees are representative of marginalised people; and ensuring that tariff options are developed that are sensitive to the economic situation of the poorest people.²¹ Additionally, the protocol mentions that water technologies, both new and rehabilitated, should be designed to reduce any physical barriers and that community-led total sanitation (CLTS) projects should continue as planned but ensuring that barrier analysis is carried out and interventions are designed with the needs of everyone included.

3.1.1 What is inclusive WASH?

Overall WaterAid staff and partners strongly agreed that inclusive WASH involves raising awareness around barriers to access and ensuring a greater range of community members participate in discussion and decision-making forums. At partner level, however, there did seem to be more of a focus on work specifically with disabled people (or individuals with mobility problems, which could include older or chronically sick people). This result shows that, although broadly understood, inclusive WASH is not yet being consistently defined between partners and WaterAid programmes.

WaterAid country programme staff defined inclusive WASH as:

“ ...making sure all people are targeted..... We have to make sure everyone is attending meetings.”

“It’s an approach that ensures all groups of people participate.”

“...means addressing the needs of different users.... It’s also about ensuring participation.”

“...Before we implemented this approach the participation of marginalised people was really low. Now they are participating in much greater numbers. Their participation is important.”

WaterAid staff from Uganda and Zambia



WEDA showing inclusive design options to community members, in Amuria, Uganda.
WaterAid/Jane Wilbur

What came across quite strongly from their explanations was that staff and partners regarded inclusion as a process. The first step was to sensitise communities to the fact that different people have different needs and to ensure everyone has the opportunity to voice their needs. Examples included hiring interpreters for deaf people, or helping older people or those with mobility problems to attend meetings. Second was to ensure any facilities that are built or improved are accessible for all – for example, changing designs to accommodate wheelchairs, or altering pump handles to make them easier to use. Sometimes these improvements involve working directly with people to find out what solutions are the most practical, and testing them out.

WaterAid partners were slightly less consistent or confident in defining inclusive WASH. In Uganda they reported:

“...it brings together people with different needs. For example in our WASH that means disabled, chronically sick.”

“...equal opportunities for disabled people. Inclusion of disabled people and normal people.”

Programme partners, Uganda

Here, both partners focused on the needs of individuals – specifically in this case disabled and chronically sick people, although the partners also recognised that older people often fell into one or both of these groups. The use of the term ‘normal people’ juxtaposed with disabled people is not uncommon in countries like Uganda, and is most likely to be used in place of the term ‘non-disabled’; however, this highlights an important issue around concepts and language. There might not be a local language translation for the term non-disabled, and therefore the concept itself could be hard to understand. When terms like normal people are used, it is always worth investigating whether people have the language to conceptualise and describe disability in social-based or rights-based terms.

In Zambia the partners reported:

“Inclusive WASH is where all marginalised people in communities are included and benefit from project activities... We hear about what they need, what works for them and they hear from us about how things can be designed differently.”

“Actually, inclusion is more like an approach where we do activities which include disabled people.”

Programme partner staff, Zambia

In Zambia too, disabled people were mentioned most frequently as being the target of an inclusive approach, and there was again emphasis on working with individuals to design facilities that better serve their physical needs.

3.1.2 Implementing an inclusive WASH approach

Perceptions around what inclusive WASH means also affected how WASH was put into practice, although the process was described quite consistently. Both WaterAid programmes described carrying out sensitisation and mobilisation processes to encourage greater awareness around access and ensure more people

are identified and included in decision-making. Both programmes made use of barrier analysis to identify where the gaps were and as a way to start discussions around how access issues could be resolved. Both programmes collaborated with local tradespeople and community members to design, test and implement physically accessible facilities.²²



Participatory barrier analysis at the Monze district level, Zambia. WaterAid/Jane Wilbur.

On the basis of discussions with partner and programme staff, six elements make up WaterAid’s inclusive WASH in practice (Figure 1).

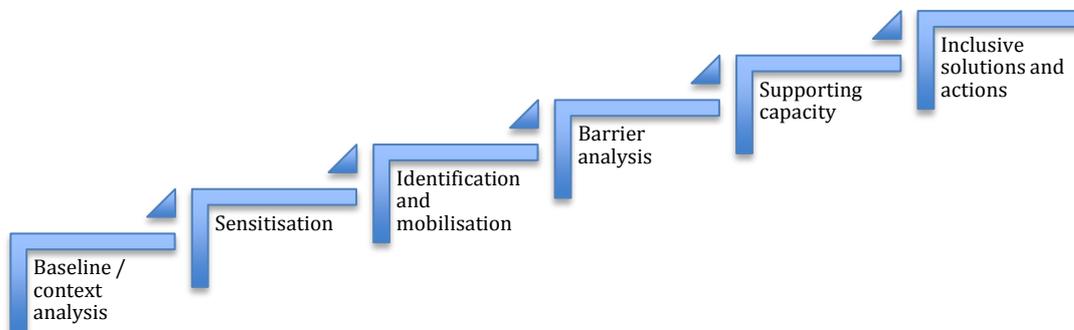


Figure 1: WaterAid's inclusive WASH approach

WEDC and ATC have been especially important in the later stages of the approach, providing invaluable capacity-building support to partners on the design of accessible facilities. Although communities do offer solutions, these are often quite small in scope. Partners also had little experience of the broad range of adaptations that could be used, and made good use of the catalogues and accessible design guidelines which have visual examples of accessible facilities.²³

Other activities have also been done as part of the inclusive WASH approach, although these were not consistent across programmes. In Zambia, for example, partners carried out accessibility audits of WASH facilities with disabled people and non-disabled people together. These audits proved to be a very powerful process which not only provided information about accessibility but was also a very good advocacy tool. Non-disabled people were shocked to learn how inaccessible many regular facilities were, and this prompted planning discussions on improving access from within the community. The process also showed that disabled people had a lot of valuable information and experience which could be shared as part of inclusive development planning, which has begun to challenge some deep-rooted attitudes.²⁴

In Uganda partners have been looking at the issue of menstrual hygiene for girls in schools and constructing accessible facilities where girls can go to wash and change if necessary. At the household level the partners have increased their involvement in advising on how to construct accessible facilities.²⁵

In Zambia the programme workers have begun to realise that the initial mobilisation process of any intervention needs to ensure a wide range of different people are represented. For example, an Open Defecation Free community approach can be put at risk by just one person (a point also noted in Uganda²⁶). Therefore it is really important to make sure that everyone's needs are considered and that accessible facilities are provided.²⁷

3.1.3 Positive benefits from an inclusive WASH approach

Interviews have consistently highlighted that partners believe their WASH activities are much better as a direct result of implementing inclusion. They have also seen positive changes within communities, not only in improved access to facilities but also in the greater visibility and participation of marginalised people. Staff described learning personally from the experience, especially in gaining new knowledge and skills, but also in terms of changing their attitudes. One staff member described how his perceptions of disabled people have changed completely, which has transformed his and his family's engagement with a relative with disabilities.

The process has brought something new to partners – improving their ability to engage with communities. In Uganda, for example, WEDA staff described how inclusion discussions have increased community participation in general. Communities have become more sensitive to identifying who among them is vulnerable. People also like to see the different accessible designs that they can implement for themselves.

The approach has also helped WEDA understand what access really means – something they had not previously considered. The result is that WEDA is increasingly building access consideration into other programmes. They were recently working with farmers’ groups on a food security programme and realised that there were no disabled people in their groups; WEDA are now working on ways to get them involved.

“We are now aware that disabled people sometimes can’t access services – so we are now thinking, these water-pumps, these rainwater harvest systems, are they accessible?”

WEDA staff, Uganda

TEDDO staff have seen that in some places people have begun to adopt inclusive designs for facilities in their own homes, even though no-one is classed as being vulnerable. This seems to have happened because people see the practical value of inclusive designs for a wide range of people – eg, for children, pregnant women and older people.

TEDDO are also now drawing on their experiences from this project and applying them more generally to their development aims.

“We can’t deny people their rights, development can’t happen if people are denied their rights to participate.”

TEDDO staff, Uganda

In Zambia, DAPP described the inclusive approach as being totally different from their usual process. The staff had not appreciated the level of exclusion of disabled people, but are now very aware that most agencies and services do not accommodate their needs.

“This is a very different approach to what we used before – completely different. In the past, we didn’t think about disabled people, never considered the barriers people face or that some people might not be able to access facilities.”



Mweemba Malambo (DAPP) discussing barriers to WASH access with Loingnios Hachalambwela, Mwanza West Ward, Zambia.
WaterAid/Sue Cavill

DAPP are now committed to being inclusive across their whole programme, and are investigating ways to ensure disabled people can access all their projects at every stage in the project cycle.²⁸ DAPP have also found that this work has increased their profile as an organisation – others now ask them to share their experiences and advise many different groups, which is helping to raise the profile of the issue.

Another extra benefit for WaterAid Uganda has been the opportunity to develop its advocacy work. Since adopting an equity and inclusion approach they have begun to engage at national level with the Ministry of Gender, Labour and Social Development (MGLSD), the Ministry of Education, Ministry of Health and the Ministry of Water and Environment. In collaboration with national DPOs and ATC it has contributed to the development of inclusive guidelines for the MGLSD and worked to get inclusion focal points established in the other ministries with whom they now meet regularly. This engagement was not part of its programme and has been generated as a direct result of equity and inclusion discussions.²⁹

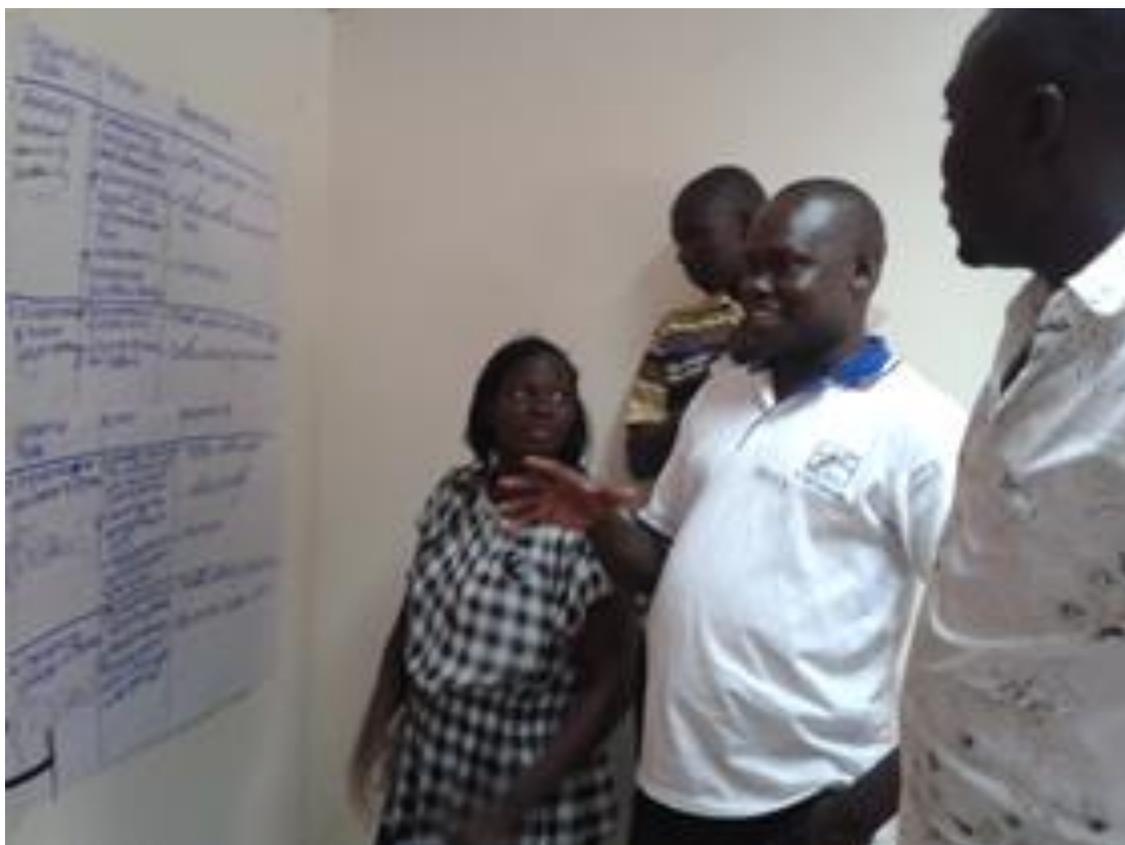
WaterAid has learned that its partners' capacity to engage communities was not as high as had been assumed.³⁰ A particular benefit of adopting this inclusive

approach has therefore been the opportunity to work with partners to improve their community mobilisation skills. WaterAid is now much more aware of the importance of understanding the capacity of partners to take on innovative approaches; its ability to target technical support has therefore improved.

3.2 Capacity development

As the section on positive benefits makes clear, partners and staff have gained important skills and knowledge through the implementation of inclusive WASH. It has also broadened the range of groups and people they engage with and, in the case of Uganda, provided new advocacy opportunities. However, staff and partners encountered several challenges during the implementation of inclusive WASH that highlight the extent to which capacity can be key in affecting outcomes.

WaterAid Uganda and partner staff were relatively confident about inclusive concepts and found the initial barrier analysis process highly productive.³¹ The Uganda country programme had already been quite proactive at promoting equity and inclusion, having carried out its own context analysis in 2010. From this process they identified that, although various guidelines were available in different ministries, little was actually being implemented at the local level. They had then incorporated the findings into their 2011 country strategy and begun to work on inclusive activities. As part of this they established good levels of collaboration with DPOs (such as the National Union of Disabled Persons in Uganda) and other disability organisations such as ADD Uganda, which gave them greater access to national-level influencing work.



Action planning at the district level in Uganda with WaterAid, partners and district local government officials.

WaterAid/Jane Wilbur

They found that the disability sector (including DPOs) had paid little attention to WASH, and the WASH sector had little experience of engaging with disabled people. WaterAid Uganda therefore found itself in a unique position to be able to bring the two sectors together for the benefit of communities.

In the same way, WaterAid Uganda has also been developing links with the ageing sector so that through collaborations they have broadened their reach. This experience is one reason why they were keen to be involved in the research project – to see how effective their actions had been.³²

In Zambia, WaterAid staff were much less confident about equity and inclusion and, as a result, early in the process had not been so successful at supporting their key partner DAPP. By 2012 it was clear that, although some training in equity and inclusion with partner staff had been provided, training had not been well followed through, and staff turnover meant the knowledge was being lost.³³ Consequently DAPP had begun to implement what they referred to as a standalone disability

project, focused specifically on developing design solutions for WASH facilities for individual disabled people in the communities.³⁴

This project has changed during the past 18 months, as evidenced by DAPP's commitment to a more inclusive approach across their programme, but they have retained the focus on disability and hardware solutions (which came across strongly during interviews).³⁵

WaterAid Uganda also faced challenges related to partner capacity, which indicates that this is a key point in the effective delivery of inclusive activities. Although WaterAid Uganda staff did training with their partners in 2012, they realised they had, at least initially, targeted the wrong group. Their approach had been to train field workers, believing that because these were the people implementing the activities, they needed the most support. However, the staff realised that this group were not decision-makers and had little influence on the way the organisations operated as a whole, and therefore with no commitment yet from senior people the organisational will to support and promote inclusive WASH was effectively missing. The staff's learning from this was that it would have been more effective to train people at all levels from the start.

Sustainable social change

An important point to note here is that the external context has a very important role in affecting the progress of mainstream organisations trying to adopt inclusive principles. This happens at both national and local levels and particularly affected partners as they began to implement inclusive activities. When general understanding and awareness around rights and social inclusion are poor, people will not necessarily have the experience or language to be able to fully appreciate the differences in approach. Their own perceptions and prejudices will take time to adjust, especially if their peers are not yet working in the same way. A paradigm shift is required, and WaterAid need to be sensitive to the fact that this will often mean building a new vocabulary. It is important, therefore, that key words and concepts – such as equity, inclusion, rights, disability, impairments, etc – are discussed by staff and carefully translated into local languages. This would help to improve the consistency of application of terms and gradually lead to sustainable social change.

In addition WaterAid Uganda found it hard to support people even after training. The concepts of rights, inclusion and barriers are very new, and at times WaterAid Uganda struggled to find ways to explain them. They would have appreciated some briefing materials and a locally translated version of the equity and rights framework for partners to take away for reference.³⁶

At community level partners also faced some interesting challenges, which they found innovative ways to deal with. One common problem was getting vulnerable people to meetings, especially those with mobility issues. With very little transport available, let alone accessible transport, this necessitated adapting the way meetings were organised. In Zambia, for example, DAPP got around this issue by holding more meetings in a wider range of locations so that people with mobility problems did not have as far to travel. They also encouraged communities to arrange for someone locally to assist people to meetings. If there were no other options then project staff would go house-to-house to sit with people in their homes to discuss access needs.

In Uganda, WEDA began to notice that particularly disabled people were being marginalised, even if they made it to meetings. Communities were not always very accepting, believing that deaf or blind people or physically disabled people had nothing of value to contribute to discussions. Some influential individuals would dominate meetings and not allow proper sharing of resources. WEDA noted that although they did awareness-raising with all communities it was difficult to predict what would trigger a positive response. The process was therefore not always straightforward.

TEDDO described similar experiences, recalling that some people and communities pick up on the idea of inclusion quickly, whereas others need more convincing. Some groups or individuals were much more resistant initially and asked more searching questions, which were at first hard for TEDDO staff to deal with. The staff gained confidence with experience, but initially did not feel fully prepared.

Addressing stigma

Stigma and myths around the causes of chronic illness and disability also affect attitudes. In both Zambia and Uganda rural communities believe in ‘contamination’, whereby non-disabled people fear becoming sick or disabled if they come into contact with objects, spaces or people who are affected. These beliefs can be especially prevalent among pregnant women who fear such contact would put their unborn child at risk. In practice this means disabled people and people with chronic conditions such as epilepsy, mental illness or HIV can be chased away from waterpoints or shared latrines. People sometimes refuse to clean shared facilities if they know disabled people have used them.¹ Partners have dealt with these issues through knowledge and awareness-raising sessions, but they are very aware that the issues can put inclusive designs at risk if not openly addressed.

3.3 Understanding and ownership

For the approach to be sustainable and scalable it is important that WaterAid programmes, partners and the communities in which they work fully understand inclusion and take ownership of the approach. This necessitates two levels of change:

- 1 A change in the way organisations understand their target groups and plan, design and implement their activities – that is, a change in the WASH sector approach.
- 2 A change in the way communities think about WASH – that is, how they behave and include different people, adapt to different needs and value different perspectives.

Because WaterAid works through partners to implement activities, it has to be very confident that its messages around inclusion are understood both by WaterAid programme staff and their partners at organisational level before work can be done with communities. The process review has highlighted that communication around

the concepts at organisational level was not as strong as it needed to be, leading to more random application of the process.³⁸

Sustainability and scalability also rely on the approach being embedded in organisations, which has also proved challenging. Partners are approaching the issue of sustainability in different ways, and some still tend to view inclusion as being a distinct project.

At WEDA, for example, sustainability is primarily referred to in terms of how to ensure that materials used to construct accessible facilities last long enough. WEDA have been using a lot of wood because it is locally available, but wood is prone to insect damage so they have been working on ways to treat it appropriately. Sustainability in this respect concerns how to ensure communities can build accessible facilities from the resources they have.

But WEDA also noted that sustainability relies on others in the sector taking up the approach rather than trying to do this in isolation – a point noted in the section discussing the influence of the external environment. Nevertheless, WEDA have committed to ensuring all their programmes are inclusive, so some evidence exists that the organisation feels a degree of ownership of the approach.

TEDDO are less sure about sustainability in the current context. They believe the concept of inclusive WASH is sustainable, but that it is so new in Uganda at community level that maintaining it is hard without external support. A very significant skills and knowledge gap still exists, especially in terms of accessible design, which means sustainability overall is less certain – it still depends on a few individuals. TEDDO do not consider inclusive WASH to be difficult to implement, but believe appreciation and understanding of the concept within the sector and in communities need to be much wider.

They are trying to adopt an inclusive WASH approach across their programme, but there are resource costs attached. Projects are not always flexible enough for TEDDO to be able to add elements of inclusion after the activities are underway, which means an element of advocacy is needed to accompany plans for inclusion so marginalised groups are brought in from the start. They have found that it is important to introduce the concept of equity and inclusion from the very start of any intervention.

“Everything you do has to have equity and inclusion as a guide, then the communities get a chance to own equity and inclusion for themselves rather than having it imposed.”

TEDDO Uganda staff

This comment is very perceptive, and suggests that, despite their reservations, TEDDO understand and own the inclusive approach.

DAPP in Zambia are also slightly unsure about sustainability. On the positive side, they feel there is no going back in terms of realising that communities have diverse needs, and it is clear they feel ownership of this approach.

“...the fact disabled people are being included won’t change. We can’t go back to how it was before. We know they have to be included.”

DAPP Zambia staff

The staff are also aware that adapted designs have to be replicable locally to be sustainable, but they are concerned that inclusive designs and processes are more resource-intensive than are standard practices.



Jonah Sialumano inspecting inclusive sanitation facilities and advising on design in Zambia. Jonah works for Help Health Zambia, a disability service provider in Monze district. WaterAid/Sue Cavill.

Inclusive designs cost more than do non-inclusive ones, so they have to develop ways to sensitise communities to the benefits of adapted designs, and work on marketing strategies that can reduce overall costs. This makes sustainability overall much less certain at this point.

WaterAid Zambia indicated that, although at first they regarded inclusive WASH much like a pilot project, they now understand that this represents a change in approach. They now realise that it ensures information and mobilisation processes are inclusive of a wide range of people and can be applied to any programme of work.

“Infrastructure can be modified in consultation, it’s not a difficult thing to do now we understand that this is an approach.”

WaterAid Zambia staff

WaterAid Uganda already had a good understanding of equity and inclusion, as shown by their commitments in 2010 to research equity issues as part of the development of their strategic plan. They effectively introduced an element of barrier analysis into their CLTS-based triggering process, and have been working with a range of government stakeholders to improve the policy environment.

Overall, therefore, it seems that despite the challenges both country programmes and their key partners now understand inclusive WASH to be a change in approach, suggesting ownership has been achieved and increasing the chance of sustainability. At implementation level there is still a tendency to focus more on the hardware components of programmes, and this has tended to push them towards working more with disabled people (or those with limited mobility). Nevertheless, this is an important start – the more accessible facilities exist in communities, the more that disabled people will become visible. By challenging deep-rooted stigma and prejudice against some groups, other excluded individuals will be encouraged to come forward, and the rich diversity of communities will become increasingly evident.

Section 4 Learning from the research process

Although the SHARE-funded research project did not begin until January 2013, the Undoing Inequity Research began in Uganda and Zambia in 2011. Advisory committees were formed in each country in collaboration with local LCD offices, involving representatives from national DPOs, disability organisations and WASH specialist organisations.

As part one of the research, collaborators for the Undoing Inequity Research Project at LCIDC took responsibility for designing and implementing an initial baseline survey in 2012 in Uganda and Zambia. Working with WaterAid, WEDC, ATC and INESOR, they developed a series of nine research tools – including interviews, focus group discussions, household surveys and observation tools – and trained local research partners to implement them.

The idea of the baseline was to provide the WaterAid programmes in Zambia and Uganda both with a current analysis of the barriers (attitudinal, environmental and institutional) facing disabled people and chronically sick and older people against which to measure their own interventions; and with a basis on which to discuss potential intervention points with partners and communities. In reality the process that resulted from this collaboration produced a much more detailed piece of academic research than a baseline would normally provide. The data obtained are rich and highly informative but, from a programming perspective, came too late to fully inform action planning for this process review.³⁹

Unfortunately timing did not allow for representatives from the targeted vulnerable groups to take part as researchers. In Uganda, for example, there were only two weeks available to conduct the field research component and ATC judged that, because the study area was so geographically spread out, time and resources were insufficient to enable disabled people to move around efficiently.⁴⁰ In addition, WaterAid programme staff were not formally involved in the process, and all the data analysis was done by LCIDC. In summary, there were missed opportunities to use this particular research as an integral part of programming.⁴¹

Preliminary data were drawn out to inform initial barrier analysis discussions, however, which followed as the next part of the process. After the baseline research, WEDC took responsibility for working with WaterAid staff and partners in Uganda and Zambia to identify the most important barriers and begin to design inclusive interventions.

This initial barrier analysis process was highly constructive and was well received by staff and partners. The practical, focused nature of the activity generated a high level of engagement and participation.⁴² In Uganda, for example, the researchers

discovered what coping strategies had already been developed and were surprised by how much effort was already being made.

“Barrier analysis was really valuable, a great tool for understanding issues and also for looking at how people were coping. Barrier analysis was such a great process.”

Head of Programme Effectiveness, Uganda

During the process, partner staff were able to offer a wider range of accessibility options to community members.

4.1 Process-monitoring tools and data analysis

The research project was intended to be participatory and serve as a tool to help WaterAid programmes analyse how power relationships worked and affected the process of social inclusion.⁴³ In this way WaterAid should have been able to see what kinds of interventions produced the most positive results – in terms of voice and participation of marginalised people – and, through the process of Outcome Mapping,⁴⁴ identify the changes occurring. WaterAid UK’s Research Manager visited Uganda and Zambia later in 2012 to design the tools and indicators for monitoring inclusive WASH, and, as part of that process, undertook Outcome Mapping training with staff and partners.

A series of eight tools were then designed in the UK, each of which were to be administered by different stakeholders, depending on the focus – eg, partner staff, country programme staff or UK staff. Drafts were shared and discussed at a learning exchange workshop in Zambia in February 2013 which included representatives from WaterAid Zambia, Uganda and the UK along with members of DAPP and ATC.

Although the intention was to have local ownership of the research process, it became a more top-down experience for programmes.⁴⁵ This was partly because WaterAid UK had assumed that implementing partners had higher levels of community facilitation skills than they were found to have. A lot of WaterAid’s original work on inclusive WASH had been focused on designing accessible hardware; however, WaterAid lacked the ability to understand the power relationships, stigma and decision-making processes of communities.⁴⁶ The ideas of an inclusive approach and participation were not the norm for WaterAid at that time, and for partners were very new.⁴⁷ So, although WaterAid did consult key stakeholders on the research protocol, the process-monitoring tools and the baseline surveys, in reality the information was too new and unfamiliar for stakeholders to be able to fully engage in the process. With most of the design of tools and data analysis happening in the UK programmes, partners have not had the chance to take ownership of the monitoring.⁴⁸

Consequently, although partners and programme staff can appreciate that the research process is providing useful information about inclusive WASH, it is thought of as a separate project, occurring in addition to their programming activities.

Two final observations from the process-monitoring tools are worth noting: classification of who is vulnerable; and the lack of a control.

Several of the tools are designed specifically to record which category of 'vulnerable' people belong to. However, only the term 'chronic illness' is actually defined:

'A chronic condition is a health condition or disease that is persistent, lasting more than three months. Common chronic diseases include arthritis, asthma, cancer, lung disease, diabetes and HIV and AIDS.'⁴⁹

Although the tools specifically list 'disabled, chronically sick and older people' as categories into which people can be assigned, neither 'disabled' nor 'older people' is actually defined. Interestingly, neither of these groups is defined in the Equity and Inclusion Framework, which means interpretation of these categories is being left to individuals.

Interviews suggested that decisions about how people are classified for the purpose of the monitoring tools are made by those who record the data, mostly based on what they can see:

"Sometimes people will declare they have a disability even if it's not visible. In discussions sometimes that will come out. But usually it is obvious so we just mark it down.

We would class people who have a physical challenge – blind, deaf, no legs, no movement etc, as being disabled. You can see for yourself what challenges people have."

DAPP staff, Zambia

Partner staff also categorise older people in this way. People with chronic illness seem to be more difficult to identify, presumably because identification could require detailed personal information which people might not be willing to declare, which could also be why data linked to chronic illness seem to be less available. Chronically sick people might be attending meetings, but because their symptoms are not recognisable they are perhaps not being recorded as chronically sick.

The implications of this unknown quantity are that data are not comparable either within or between countries, because different people are involved in making classification decisions. If WaterAid wants comparable data, it needs to assist those recording the information by providing clear definitions. This finding suggests that levels of vulnerability could be under-reported – both disabled people and people who are chronically sick, if their conditions are not immediately visible. It might also be inadvertently reinforcing the tendency of project staff to focus on physical access issues. Finally, not involving vulnerable people themselves in the classification of vulnerability could be disempowering – other people make the decision on their behalf. This kind of labelling therefore has to be handled sensitively.

Ultimately, WaterAid has developed a way to stimulate discussion about who is participating and who is missing, which is highly valuable. Obtaining robust data on numbers and types of people participating remains a challenge, but WaterAid is not alone in this. Agencies such as WHO and the Washington Group on Disability Statistics are developing several data-collecting tools which might be useful to WaterAid in the longer term; but, for now, some basic definitions should be agreed on which can be consistently applied across the programmes.

A final observation is linked to the lack of a control. The main problem with the data collected on participation is that it details information from only people classified as vulnerable. There are no data from people who are not vulnerable, and therefore we cannot comment on whether the experiences of vulnerable people differ from the norm. By recording the responses of a random sample of non-vulnerable people, it will be easier to assess the extent to which the experiences of vulnerable people are different. It is also worth noting that non-vulnerable people's behaviour and changes in perceptions to the process of inclusion are equally valid. Recording their experiences can help programmes prepare for what might happen to power relations when the process of inclusion begins.

4.1.1 Tools 1 and 2 – The inclusive WASH process and monitoring participation

Both of these tools were scheduled to be carried out by partners every month. Tool 1 was designed to capture the inputs partners were making as they implemented inclusive WASH, to generate an understanding around time and resources. Tool 2 focused on capturing the levels of participation and decision-making in WASH group meetings.

Of all the tools these two were consistently described by programme staff and partners as being the most useful. Tool 2 in particular has helped people to study

the extent to which different people are participating in meetings, and can highlight when intervention is needed to balance out discussions.

“...if we notice the level of participation is low or going down, we can ask questions and try to resolve the problems that have come up. Before we would just assume people are participating, we never really checked.”

DAPP staff, Zambia

Also, because there is a record of the decisions being made, it is possible to review the decisions later with the groups to see whether progress has been made. This review helps the process to remain dynamic within the community, not only within the project.

“(Tool 2) is really good because you can go back and see what was promised, but also see how much has been achieved.”

DAPP staff, Zambia

The participatory nature of the tools makes them useful for field staff (to help direct their planning and highlight progress) and community groups (to record their decisions and chart their progress), which is probably why they are consistently rated highly.

Although the data that were presented for this review were extremely limited, some interesting observations can be made from Tool 2.⁵⁰ Recording who is present at meetings is one level of information, but this tool aims to establish whether people are actually participating.

In Uganda data have been collected from two areas (Amuria and Katakwi) covering 13 meetings. In Amuria 428 people were recorded as attending across 10 meetings. Gender was reasonably balanced across the 10 meetings – 55.6% male, 44.4% female. 12.4% of attendants were classified as vulnerable (47.2% male, 52.8% female).

An equal number of concerns were raised by men and by women – overall 40:40. Of these 80 concerns, 21% were from vulnerable males and 16% were from vulnerable females (30 in total, 38% of the total number of issues). Given that 12.4% were classed as vulnerable, their contributions seem to be more prevalent than might have been anticipated.

In Katakwi 110 people were recorded as attending across three meetings. More women attended than did men – 41.8% male, 58.2% female. 18% of attendants were classified as vulnerable people (55% of these male, 45% female).

Eight concerns were raised (five from men and three from women). No issues were recorded as having come from vulnerable women, but five were recorded from vulnerable men. Therefore the prevalence rate of issues being raised by vulnerable people is again relatively high, in this case 63% of all concerns logged.

In Zambia data were collected from one area – Monze – covering 11 meetings. Here, 555 people were recorded as attending meetings. Slightly more men attended than did women – 56.3% male, 43.7% female. 10.4% of attendants were classified as vulnerable people (57% of these male, 43% female).

93 concerns were raised (49 from men and 44 from women). 35 (38%) of the issues raised came from vulnerable people – again, many more than what might have been anticipated given their numbers.

Observations on participation of vulnerable people

This sample size is very small, so broad generalisations cannot be made; however, two interesting observations are emerging. One is that the level of participation by vulnerable people is, on average, 13.6%, which suggests mobilisation activities have been successful. No real international standard exists against which one can measure this level of participation, so determining whether this truly reflects the prevalence of vulnerability in the community is difficult. However, the World Report on Disability (2010) suggests that disabled people make up 15% of populations, so the level of participation recorded here comes close to this standard.

The other observation is that a greater percentage of issues recorded are coming from vulnerable people. This observation is worth tracking over time because there could be several contributing factors. It might be that field staff are focusing more on the issues of vulnerable people because of the project, but it could also be true that vulnerable people do have more concerns or that this is the first time they have been able to express their needs in a public forum. It would be interesting to see whether the number of concerns remains high or decreases.

4.1.2 Tool 3 – Participation ladder

Unlike the first two tools, Tool 3 is designed to be administered by WaterAid programme staff on a quarterly basis. It also measures participation but, with this tool, individuals are asked to reflect on and rate their own perceptions of inclusion. The tool has the potential to provide some rich qualitative data which, if obtained at regular intervals through the intervention, could show changes with time. During the interview process with staff, however, Tool 3 was not mentioned at all – in fact, programme staff, like partners, only mentioned Tools 1 and 2 as being useful.

Only 16 interviews were recorded and available for this review, all of which came from Monze. No data were received from Uganda. The tool was described as being particularly difficult to administer – it can take a lot of time and people are not always good at describing their situation accurately. For example, some older people found it difficult to remember what meetings they had been to, and it could take them a long time to arrive at their response.⁵¹ Nevertheless, even from this very small sample there are some interesting observations.

The demographics of the 16 interviews conducted between April 2013 and March 2014 were as follows:

Gender		Disabled	Chronically sick	Older	None of the above ⁵²
8 male	8 female	5	0	7	4

Generally the recorded problems are written in very personal terms (individual model) and are linked to functional limitations. For example, older people generally describe the problems as ‘legs are painful and back aches/cannot walk long distances due to age and back ache/distance to the waterpoint is a challenge/old age’; disabled people described: ‘has short leg on the left side and therefore gets tired if stands for long hours/my daughter who is also disabled has problems lifting heavy containers from the waterpoint and carrying home/husband is blind and his spouse has weak legs.’

But, when analysed, the actual problems relate to environmental issues – mostly distance to the water source or the need to carry water, which are consistent across the vulnerable groups. This issue was noted in the baseline reports carried out in 2012, so its appearance as recently as 2014 suggests this way of describing the problems might still be common.

However, this might be a problem with the way in which the question is asked, because the prompt on the form is ‘describe the problem experienced by the respondent’, which comes straight after the classification of vulnerability. It could

be that the two issues are talked about together, leading the respondent to describe their personal limitations. What problem the respondents are being asked to express is not fully clear from the tool. If the question is about access to WASH, then a more appropriate question might be to ask what barriers people have in access to WASH, or what are the main challenges they have in accessing WASH.

Because this could be a very useful tool, it would be worth spending a little more time understanding how it is being administered and discussing with local staff what is the most appropriate way to frame the question or statement in the context of the interview.

In terms of experiences of participation, 29% of older people said they did not participate in all meetings, but no disabled people expressed missing a meeting. One interesting question that could come from this is whether or not disabled people are being informed about all the meetings. It could be that people are not being informed of meetings and therefore do not know they have missed anything, but these data cannot establish whether that is the case.

In terms of people's subjective feeling of participation, 86% of older people said they felt good or happy or excited about participating, but only 60% of disabled people said they were happy or learned from meetings. The rest either could not get to meetings or did not feel totally satisfied.

Similarly, 86% of older people said they could express their views in meetings (tentatively indicating a match between participation and contribution), whereas 80% of disabled people said if they were at a meeting they could express their views.

In terms of whether they felt their particular ideas were being considered, 57% of older people said they believed things had been considered, with 28% saying they had yet to see any proof. 60% of disabled people said that they were sure things were going well for them (presumably indicating that their issues were being considered).

At this point it is not possible to make any firm conclusions from these data, but they have highlighted that disabled people seem to be participating in more meetings than do those from other vulnerable groups (no one classified as chronically sick was recorded, for example), but they have slightly lower feelings of participation. However, there is consistency between disabled people and older people when it comes to having ideas acknowledged or expressed.

4.1.3 Tool 4 – Partner equity and inclusion capacity assessment

This tool was designed to be administered by WaterAid Country Office staff on a six monthly basis with each of their partners. The aim was to assess the capacity of partners to implement inclusive WASH, and to highlight any areas that might need to be strengthened. Only Uganda mentioned this tool as being useful during the interview process.⁵³ All three partners have been reviewed, but repeat data only exist for DAPP and TEDDO.

It was interesting to note that DAPP and TEDDO showed a positive change in response to the first question: ‘What is your understanding of Equity and Inclusion/marginalisation and exclusion?’ Both partners showed a more nuanced understanding in the second interview, but it is not possible to establish from the data whether the question was being asked of the same person in the organisation, which would obviously affect the analysis. The following table shows the responses from each partner.

What is your understanding of Equity and Inclusion/marginalisation and exclusion?’	DAPP	TEDDO	WEDA
First interview response	The inclusion of people who are not asked in the WASH programme.	Ensuring there is fair distribution of resources considering all categories both able-bodied and vulnerable groups equally have access to service delivery. One size/design does not fit all. Exploring options for all.	Having everybody participating in development and decision-making of their community.

<p>Second interview response</p>	<p>It means: - Non-discriminatory - Treating people with disabilities equally with non-disabled - Recognising the needs of marginalised people and finding ways to address them.</p>	<p>The participation of all groups of people in decision-making process, demanding for services and taking responsibility to sustain facilities and services available.</p>	
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The second question also generated a really good comparison of understanding over time between DAPP and TEDDO, and indicated that training had made a difference to how people were expressing the issues.⁵⁴

<p>Do you think there are people in your project site that cannot use the facilities that you constructed and if so, who are they and what are their access constraints?</p>	<p>DAPP</p>	<p>TEDDO</p>	<p>WEDA</p>
<p>First interview response</p>	<p>No, even people with disabilities can use constructed toilets and waterpoints. Some people can't reach the waterpoint. The WPs are accessible but they aren't in an accessible distance, so people can't get there.</p>	<p>Yes. An old woman with paralysed limbs who is not able to freely move. The RWH jar provided reduced the distance of travel but still does not ensure easy collection of water for the targeted person.</p>	<p>Yes. Those who need a helping hand include an old man in USUK (?) who cannot work or do anything for himself. Access to the facilities is difficult due to the unclean roads leading to where the facility is located.</p>

<p>Second interview response</p>	<p>Yes they are there. Those with disabilities and use wheelchair. Due to poor settlement pattern in the region, and scattered homesteads, it is still a challenge to avoid irregular path to the waterpoint for people with disabilities.</p>	<p>Yes, they include PWDs, children, elderly, chronically ill, accident victims, PLWAs, pregnant mothers, tall persons. The constraints include the barriers relating to access, environmentally, attitudinal and institutionally.</p>	
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This review has not gone into any more specific analysis of the data from this tool, because an additional tool would have been needed, which it is assumed WaterAid already has. Nevertheless, from quick observations it seems that all three partners described designing inclusive hardware as something that is going well (at household, institutional and community level). TEDDO also noted that their sensitisation activities had been successful, along with advocacy and coordination meetings.

In terms of what has helped their mainstreaming efforts, DAPP described working with traditional leaders as being important, and obtaining feedback from a range of stakeholders on what the main barriers are to inclusion. TEDDO felt that WaterAid training had helped them, as had positive policies at government level. Finally, WEDA suggested that WaterAid training and field visits from WaterAid staff really helped them.

In terms of gaps identified, DAPP noted a lack of skills around software issues such as how to challenge attitudes, how to overcome social barriers and change behaviour. TEDDO thought there was a lack of material showing inclusive designs which they could use with a range of stakeholders, and that because the issue is a low priority at government level more advocacy was needed. WEDA found it hard to express the gaps, and focused more on describing the fact that disabled people were not really able to participate.

4.1.4 Tools 5 to 8 – Successes and challenges with inclusive WASH, the most significant changes and capturing the costs

Tool 5 was designed to be carried out by WaterAid programme staff on a quarterly basis to review and reflect on their inputs and progress. Tools 6 to 8 were for WaterAid UK staff, and mostly focused on trying to capture the changes and challenges encountered by partners, communities and the programme. This review has not analysed the data from these tools, partly because very little has been recorded, and partly because they are more focused on capturing the impact of the work, which is not the focus of this report.

Section 5 Costing the inclusive WASH approach

The process-monitoring review is unlikely to be able to provide WaterAid with definitive information on the cost of inclusion. A focus on cost without being able to calculate the value of the outcomes (ie, to establish cost-benefits) might be counterproductive, only highlighting that inclusive processes ‘cost more’. Perhaps a better way to phrase this would be to say – ‘**this** is the cost of an inclusive process’. Because WaterAid has no intention of not being inclusive, in the future it will need to ensure that the language it uses to refer to the process is positive. Referring to ‘extra’ or ‘additional’ costs risks reinforcing the idea that inclusion is optional rather than integral.

Some valuable experience, however, seems to have been generated from the process of trying to measure costs. One important learning point is that what might seem like a straightforward direct costing of inputs, such as ‘how much did it cost to build your latrine?’ is in fact a very complex question.⁵⁵ Whereas it might be possible to put a value on some raw materials, such as cement or nails, valuing people’s time is much harder. Accurate costing of accessible facilities is therefore difficult, although people can usually establish how much the basic inputs will be – the amount of cement needed to construct a ramp, or a raised seat or plinth, or how many rails will be needed, etc. With experience, tradespeople in particular will become better at predicting the costs of various accessible designs.

Perhaps the most obvious finding from the data is the additional time that facilitation of inclusive processes takes.⁵⁶ Tool 1 from the process-monitoring data focused on establishing how much time partners were taking to ensure their activities were inclusive.

In terms of ‘additional’ time taken to ensure consultations are inclusive,⁵⁷ most activities that required extra time were recorded as taking 30–60 minutes longer to complete than usual (61%). Only one activity took more than four hours (in Monze, because of the time needed to assemble a modified mold and access ramp). This finding is consistent with the interviews in which staff and partners in both Zambia and Uganda said that, on the whole, inclusive activities did not take much more time than usual. It is possible that, as practical routines are established with time, the time needed to carry out inclusive activities might level out to an acceptable norm.

Some of the reasons given for why meetings were longer were: the time it took to identify and talk with vulnerable people; the time needed to transport people with mobility issues to meetings; and the time needed to establish open communication with vulnerable people who were not used to being asked questions or make contributions.

In terms of construction, most of the time went towards developing new accessible designs, creating and testing new structures, and learning about new designs.

Likewise, most activities did not require extra people – 12 of the 30 activities were recorded as needing more staff (19 said no extra staff were needed) but 58% of these 12 only needed one additional person. Most of the reasons for needing extra people were linked to training or briefing. More people were being included in the construction activities so that more were aware of the new designs.

Very few efforts to ensure inclusion were recorded in the data. Evidence suggests that separate meetings for only vulnerable people were not the norm (only one was recorded); three people said they used facilitation skills to increase inclusion; one example was given of a visit to a vulnerable household; and two examples were recorded in which vulnerable women were given their own meeting.

Interviews suggested that a lot of effort goes into identification and making sure people can attend meetings. The effort then shifts to focusing on how the meetings are facilitated. Overall, the concept of things taking ‘additional time’ did not much seem to concern partners or programme staff. There was a general awareness that some processes took a little longer, but this was not regarded as being unacceptable. As they have gained confidence and experience in facilitating inclusive activities, staff have probably generated a new working norm.

Section 6 Forward-looking recommendations

As part of the overall review process several recommendations are emerging for consideration by WaterAid as it takes forward its inclusive WASH strategy. It should be noted that these recommendations are based only on the information collected in relation to the Undoing Inequity project and before the results of the mid-term review on progress were available. These recommendations therefore need to be read in conjunction with the results of the mid-term review before any final decisions are made on future scale-up.

1 Formalise the inclusive WASH process that has emerged from the project and use it as the basis for a general change in approach.

The experiences of Uganda and Zambia have shown a consistent and practical approach to inclusive WASH which could usefully be scaled up to other programmes. The individual steps that have emerged are relatively easy to define and could be applied to any situation – whether directly with communities, with institutions such as schools or health centres, or when consulting with and supporting local government planning (see Figure 1). Each step can be explained in detail and supported by training and reference materials, with progress easily monitored. Emphasising the idea of inclusion as a process might also help WaterAid programme staff and partners to understand more clearly how this approach is applicable more generally and not only in regard to people who are classed as being vulnerable.

2 Local ownership of the inclusive WASH approach (both by WaterAid programmes and their partners) should be the overall goal of any training and support; without this, the process is not sustainable.

In Uganda and Zambia, over about two years, WaterAid programmes and then their partners started to understand that inclusive WASH is a new way to approach their core business. Once that realisation was achieved, the need for external support (such as site visits, training, workshops) reduced significantly. Partners especially began to see how they could incorporate inclusive principles into all their interventions, and started to identify ways to continue the practice using local resources. Therefore promotion of ownership needs to be a focus of the support provided – not only skills and knowledge. This might necessitate more time spent reflecting on activities rather than reporting on only an output basis.

3 A significant learning point from the research project was that WaterAid partners were initially not very strong at community facilitation. However, as the inclusive WASH process continued, their ability to engage with communities and begin identifying which members were not participating or benefitting from their work improved. This improvement seems to have

occurred as a result of the ongoing training and mentoring opportunities made available during the research project, which WaterAid programmes and UK staff provided along with other significant stakeholders such as WEDC. This indicates that to scale up inclusive WASH, **WaterAid must be prepared to either source partners who have good community facilitation skills or ensure that relatively high levels of support and training are provided in the early stages of implementation.**

Investment is needed in regular support to partners over the first few years to help them develop solid rights-based practices, because one-off training workshops do not guarantee effective uptake of concepts. Alongside this, it is also important to ensure that everyone in the partner organisation is trained in social inclusion. People in decision-making positions have an important role in promoting and supporting the inclusive activities of field staff and need to feel ownership of the process for it to become sustainable.

- 4 Inclusive WASH necessitates a paradigm shift in how development problems are perceived and tackled. WaterAid needs to recognise how innovative this way of looking at problems is for local WaterAid staff, partners and communities. In some cases, perhaps commonly, people will be encountering the issue of rights-based development for the first time, and this should not be underestimated. One of the key factors in helping people to take on board new concepts is to pay particular attention to language. **WaterAid UK should, in the first instance, ensure that all the key social inclusion terms are well defined in plain English and used consistently in all strategic documents, training materials and public information.** WaterAid programme staff should then be given an opportunity to discuss and agree on how to define these terms in the local language. When those definitions are in place local reference material should be created so that there is material available for training partners to refer to after training is complete – ‘Infographics’ can be especially useful for this purpose. Periodic discussions should happen with partners to see how their use of social inclusion concepts and language is developing, with additional support provided if needed.
- 5 Local context has an important role in affecting how quickly inclusive WASH is taken up. Where there is little or no recent history of rights-based community development, or where discrimination and exclusion are deeply rooted in myths around causation and contamination, WaterAid programmes will struggle to introduce inclusive practices in the short term. Although beyond the remit of this review, differences will probably exist in speed of uptake between programmes based in Asia, West Africa and Sub-Saharan Africa. **Be cautious, therefore, of trying to adopt a standardised approach.** The local context needs to be analysed before plans are made to introduce

inclusive WASH, so that appropriate timelines, resources and support are provided.

- 6 Because WaterAid is now committed to inclusive development it would be useful for WaterAid staff in the UK and in programmes to stop referring to inclusion as being ‘more expensive’ or linked with ‘additional costs’.** Referring to ‘extra’ or ‘additional’ costs risks reinforcing the idea that inclusion is optional rather than integral. Perhaps a better way to phrase this is to say – **‘this is the cost of an inclusive process’** and to be honest and up-front with donors and partners about where resources are being used.
- 7 Accessibility audits of facilities and services are a powerful tool for changing attitudes, and for highlighting the need for practical changes.** Although audits were used in a very limited way in Zambia they were highly effective, and WaterAid could adopt this as a general tool. When accessibility audits are done by both field staff and representatives from excluded groups, the results help build capacity and generate locally applicable solutions.
- 8 Engaging directly with representatives of marginalised or vulnerable groups and including them in research, programme design, implementation and monitoring activities is a highly effective way to promote inclusion and should be supported in all programmes. The challenge is to ensure that people have meaningful roles and are not token representatives. The Advisory Committees established as part of the research project in Uganda and Zambia (which included representatives from marginalised groups), despite being a good idea, did not add anything meaningful to the process. Engagement of this nature should be regular and offer people real opportunities to influence decision-making and to contribute knowledge. It is also important to ensure those nominated as Advisors are well qualified for the role and are willing to contribute their time. All WaterAid programmes could establish Advisory Committees to help the process of adopting an inclusive approach, but it would be worth monitoring from the UK to ensure that they are being used effectively.**

6.1 Specific recommendations from the process monitoring

- 9 Baseline data collection⁵⁸ was a valid process to use at the start of the process monitoring, but, if adopted in future, needs to be scaled back so it can take place during a shorter time.** To be more integral and practical, the collection should also strive to involve the WaterAid programme, partner staff and representatives from vulnerable groups. This means involving people in the design and implementation of

the baseline research, and the analysis and interpretation of data. In this way the exercise becomes part of the intervention process and the likelihood of it being used in the future is increased. It can also allow for everyone to be involved in a final assessment when results at the end of any major intervention are compared with the baseline.

10 Outcome Mapping is a very useful tool for increasing participation in development interventions.

When used with communities it can help them to feel a greater sense of ownership of development outcomes, and increase sustainability. The process monitoring attempted to introduce Outcome Mapping to staff and partners in Uganda and Zambia, but for it to be used to its full potential more investment will be needed to ensure programme staff can support partners to implement the approach. Effective implementation in the initial stages can take a lot of time, which should not be underestimated.

11 Key concepts such as disability need to be fully defined in any tools that are used to gather quantitative data.

One of the big constraints with the data coming out from the process monitoring is that individuals are interpreting the meaning of key concepts such as disability and older people. For data to be valid and comparable people need to use the same definitions, which is not currently the case.

12 WaterAid should endeavour to include monitoring data from all sections of the community, not only from vulnerable or marginalised groups. This is partly so that differences in levels of participation can be measured, but also to emphasise that inclusive practices will change the dynamics of the whole community. To be aware of how non-marginalised people are reacting to inclusive practices is equally important, because their experiences will also affect outcomes.

Appendix 1 Key informants

UK

- 1 Jane Wilbur, WaterAid UK, Equity, Inclusion and Rights Advisor
- 2 Sue Cavill, WaterAid UK, Research Manager, SHARE
- 3 Louisa Gosling, WaterAid UK, Programme Manager
- 4 Erin Flynn, WaterAid UK, Research Manager
- 5 Hazel Jones, Researcher, WEDC, Loughborough University
- 6 Lisa Danquah, Research Fellow in International Eye Health at the London School of Hygiene and Tropical Medicine

Uganda

- 1 Spera Atuhairwe, WaterAid Uganda, Head of Programme Effectiveness
- 2 Stephen Oupal, WaterAid Uganda, Senior Programme Coordinator
- 3 Asha Bamutaze, ATC, Co-ordinator
- 4 Francis Ediau, TEDDO, Project Coordinator
- 5 Rebecca Alupo, TEDDO, Field Assistant
- 6 Joseph Okwalinga, WEDA, WASH Officer
- 7 Thomas Epuru, WEDA, Technical Officer

Zambia

- 1 Mundia Matongo, WaterAid Zambia, Policy and Advocacy Manager
- 2 Layford Jere, WaterAid Zambia, Technical Programme Officer
- 3 Mweemba Malambo, DAPP, Project Officer
- 4 Lilly Kabwela, DAPP, Project Leader

Appendix 2 Documents reviewed

General documents

- Equity and inclusion Framework, WaterAid
- Sustainability framework, WaterAid
- Hazel Jones (2014) mainstreaming disability and aging in the WASH sector
- WaterAid global strategy 2009-2015
- Trustees Annual Report and Financial Statements 2012/13

Funding documents

- SHARE Key Deliverables - submitted March 2013
- SHARE Progress Report undoing inequity - quarterly reports 13-14
- SHARE research protocol Undoing inequity

Process monitoring documents

- Uganda baseline data collection tools 10th February
- Process monitoring tools
- Process monitoring database
- Most significant change stories Aug and Sept 2013
- Inclusive WASH outcome mapping 11/06/14
- Outcome mapping (Zambia)
- What makes a standard WASH intervention
- Mid term review data collection tools – WA, WEDC, LCD, LSHTM

WaterAid publications

- Briefing note - disability roundtable 2011
- LCD baseline presentation 11 July 2013 FINAL
- LCD Baseline Uganda draft 6 Feb WA WEDC comments sent 19 Feb
- LCD baseline Zambia - April 1 2014 - Draft 3 WA&WEDC comments 16 Apr
- WEDC 36 Conference Paper ID#1803 sans track changes
- Undoing inequity WEDC presentation FINAL
- Baseline poster
- Frontiers draft v5
- 01 Inclusive WASH Technologies Catalogue UGANDA FEB 2014

UK staff trip reports

- Trip report Uganda 2014 Resource catalogue workshop Feb 14 FLIP CHARTS
- 20120731 Uganda SHARE research report planning visit draft1 HJ
- Zambia SHARE research report draft1 HJ
- DRAFT Report - planning visit to WaterAid Uganda for the Undoing Inequity Research Erin
- Undoing Inequity Planning Visit Report Zambia (V1) Erin
- trip report Zambia LG NOV 2012
- Report of learning exchange February 2013 LG
- Trip report Jane Wilbur Aug 2013 Uganda
- Trip report Zambia UI Jane Wilbur Sept 2013 .pdf
- TERMS OF REFERENCE Uganda Advisory committee undoing inequity
- TERMS OF REFERENCE Uganda Advisory committee undoing inequity

References

- ¹ L Gosling (2010) Key information interview, Equity, Inclusion and Rights Advisor, 8 July 2014 via Skype.
- ² WaterAid (2009) *WaterAid's Global Strategy, 2009–2015* p9. Available at <http://www.wateraid.org/~media/Publications/annual-reports-and-strategies/WaterAid-global-strategy-2009-2015.pdf> (accessed August 2014).
- ³ WaterAid (2010) *Equity and inclusion framework*, p 2. Available at <http://www.wateraid.org/~media/Publications/equity-inclusion-english.pdf> (accessed August 2014).
- ⁴ DFID (2000) *Disability, poverty and development*. Department For International Development, London.
- ⁵ WaterAid (2010) *Equity and inclusion framework*, p 14. Available at <http://www.wateraid.org/~media/Publications/equity-inclusion-english.pdf> (accessed August 2014).
- ⁶ Kabere N (2010) *Can the MDGs provide a pathway to social justice? The challenge of intersecting inequalities*. In: Melamed C (2012) *Putting inequality in the post-2015 picture*. OSI
- ⁷ UN (2006) *Convention on the rights of people with disabilities*, United Nations Department Social and Social Affairs, New York, NY, USA. Available at <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> (accessed August 2014).
- ⁸ WHO (2011). *World report on disability*. Geneva: World Health Organisation. Available at http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf (accessed August 2014).
- ⁹ UNICEF (2013). *The state of the world's children*. Children with Disabilities, United Nations Publications, New York, NY, USA <http://www.unicef.org/sowc2013/> (accessed August 2014).
- ¹⁰ UNDESA (2010) *The Millennium Development Goals Report 2010*. United Nations, New York, NY, USA. www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20low%20res%2020100615%20-.pdf (accessed August 2014).
- ¹¹ UN (2013) *A new global partnership: eradicate poverty and transform economies through sustainable development*. United Nations Publications, New York, NY, USA.
- ¹² A full list is provided in appendix 1.
- ¹³ Key information interview, Equity, Inclusion and Rights Advisor, 8 July 2014, via Skype.
- ¹⁴ *Op. cit.*
- ¹⁵ Sanitation and Hygiene Applied Research for Equity is led by the London School of Hygiene and Tropical Medicine and includes the International Centre for Diarrhoeal Disease Control, Bangladesh; the International Institute for Environment and Development; Shack/Slum Dwellers International; and WaterAid.
- ¹⁶ WaterAid, SHARE (2011) *Including disabled people in sanitation and hygiene services*. Available at <http://www.sharesearch.org/LocalResources/DisabilityWorkshopBriefingNote.pdf>
- ¹⁷ Key information interview, Equity, Inclusion and Rights Advisor, 8 July 2014 via Skype.
- ¹⁸ *Op. cit.*
- ¹⁹ SHARE research protocol, 2013, pp 4–5.
- ²⁰ Key informant interview, Head of Programme Effectiveness, Uganda, 15 July 2014, via Skype; key informant interview, Policy and Advocacy Manager, Zambia, 15 July 2014, via Skype; key informant interview, TEDDO, Uganda, 15 July 2014, via Skype; key informant interview, WEDA, Uganda, 15 July 2014, via Skype; key informant interview, DAPP, Zambia, 9 July 2014, via Skype.
- ²¹ These summarise the 12 points mentioned in the protocol as representing the inclusive approach.
- ²² Key informant interview, Head of Programme Effectiveness, Uganda, 15 July 2014, via Skype; key informant interview, Policy and Advocacy Manager, Zambia, 15 July 2014, via Skype; key informant interview, TEDDO, Uganda, 15 July 2014, via Skype; key informant interview, WEDA, Uganda, 15 July 2014, via Skype; key informant interview, DAPP, Zambia, 9 July 2014, via Skype.
- ²³ Key informant interview, Head of Programme Effectiveness, Uganda, 15 July 2014, via Skype; key informant interview, Project Leader, DAPP Zambia, 9 July 2014, via Skype.
- ²⁴ Key informant interview, Technical Programme Officer, WaterAid Zambia, 9 July 2014, via Skype.
- ²⁵ Key informant interview, Senior Programme Coordinator, WaterAid Uganda, 15 July 2014, via Skype.
- ²⁶ Key informant interview, Project Coordinator, TEDDO, Uganda, 15 July 2014, via Skype.
- ²⁷ Key informant interview, Policy and Advocacy Manager, WaterAid Zambia, 15 July 2014, via Skype.
- ²⁸ Key informant interview, Project Leader, DAPP Zambia, 9 July 2014, via Skype.
- ²⁹ Key informant interview, Head of Programme Effectiveness, WaterAid Uganda, 15 July 2014, via Skype.

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- ³⁰ Key information interview, Equity, Inclusion and Rights Advisor, 8 July 2014 via Skype.
- ³¹ Key informant interview, H Jones, WEDC, 7 July 2014, via Skype.
- ³² Key informant interview, Head of Programme Effectiveness, WaterAid Uganda, 15 July 2014, via Skype.
- ³³ Flynn E (2012) *Undoing inequality planning visit report, Zambia (v1)*.
- ³⁴ Jones H *Zambia SHARE research report draft 1* August 2012.
- ³⁵ Key informant interview, Policy and Advocacy Manager, WaterAid Zambia, 15 July 2014, via Skype.
- ³⁶ Key informant interview, Senior Programme Coordinator, WaterAid Uganda, 15 July 2014, via Skype.
- ³⁸ Key informant interview, Programme Manager Principles, WaterAid UK, 14 July 2014, via Skype; key informant interview, H Jones, WEDC, 7 July 2014, via Skype.
- ³⁹ At the time of writing this review, the baseline reports were still in draft format, although preliminary data were drawn out for planning workshops held in each country in 2012.
- ⁴⁰ Key informant interview, ATC coordinator, 15 July 2014, via Skype.
- ⁴¹ Key informant interview, H Jones, WEDC, 7 July 2014, via Skype.
- ⁴² *Op. cit.*
- ⁴³ Key information interview, Equity, Inclusion and Rights Advisor, 8 July 2014, via Skype.
- ⁴⁴ Earl S, Carden F, Smutylo T (2001) *Outcome mapping. Building learning and reflection into development programs*. International Development Research Centre, Ottawa, Canada. Available at <http://web.idrc.ca/openebooks/959-3/> (accessed August 2014).
- ⁴⁵ Key information interview, Equity, Inclusion and Rights Advisor, WaterAid UK, 8 July 2014 via Skype.
- ⁴⁶ Key informant interview, Research Manager, WaterAid UK, 2 July 2014, via Skype.
- ⁴⁷ *Op.cit.*
- ⁴⁸ Key informant interview, Head of Programme Effectiveness, Uganda, 15 July 2014, via Skype; key informant interview, Policy and Advocacy Manager, Zambia, 15 July 2014, via Skype; key informant interview, TEDDO, Uganda, 15 July 2014, via Skype; key informant interview, WEDA, Uganda, 15 July 2014, via Skype; key informant interview, DAPP, Zambia, 9 July 2014, via Skype.
- ⁴⁹ Tool 2 Participation in meetings, p2; Tool 3 Participation ladder, p2.
- ⁵⁰ Data from Tool 1 will be discussed in Section 5 on costing the approach.
- ⁵¹ Key informant interview, Technical Programme Officer, WaterAid Zambia, 9 July 2014, via Skype.
- ⁵² This category is actually a problem because, from a data perspective, we cannot know whether that means people have no vulnerability, they are refusing to declare their vulnerability or they are vulnerable but in a different way. This data therefore cannot be used in analysis – it should either be qualified or removed.
- ⁵³ Key informant interview, Senior Programme Coordinator, WaterAid Uganda, 15 July 2014, via Skype.
- ⁵⁴ Caution again, however, in that there is no record of who in the organisation is being interviewed each time.
- ⁵⁵ Key informant interview, H Jones, WEDC, 7 July 2014, via Skype.
- ⁵⁶ This was reinforced by interviews with partner and programme staff.
- ⁵⁷ The actual wording on Tool 1 included asking people to compare how long and how many staff were usually involved with how much additional time or staff they needed to achieve inclusion.
- ⁵⁸ This does not refer to the baseline data collection survey carried out by LCIDC in 2012, which covered the entire target population.