The crisis

- 748 million people live without access to safe water.
- 2.5 billion people lack access to adequate sanitation.
- About one billion people live with a disability.
- 740 million people are aged 60 and over.
- About 35 million people are living with HIV.

The research

WaterAid, the WEDC and Leonard Cheshire Disability are collaborating on this research, with funding from SHARE. The ATC and INESOR are the research partners. District local governments, DAPP in Zambia, WEDA and the CoU-TEDDO in Uganda are implementing partners. The research aims to:

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

Timeline

Jan ‘12 Baseline surveys
May ‘14 Mid-term review
May ‘16 Evaluation

Mar ’13 – Apr ’14 Development and testing of inclusive WASH approach

Locations

Uganda
- Amuria and Katakwi districts

Zambia
- Monze district, Mzanka West ward

Baseline results

The baseline findings showed that disabled, older and chronically ill people face three types of barriers when accessing WASH:

- Barriers to access
- Stigma and discrimination
- A lack of participation and accessible information

People with physical impairments crawl on the floor to use a toilet or defecate in the open.

“I used to go to the bush... I used to be scared that people would see me as I didn’t know if I was near the road or covered, but with time I got used to it; it became normal.”

19% of disabled people were stopped from touching water by other community members because they were “dirty” (Uganda). Disability is considered contagious, a curse (Zambia and Uganda).

“They refused to let me enter the toilet. I have started being embarrassed about my disability.”

Many vulnerable people had “never thought about” adaptations to make toilets more accessible. They simply did not know what is possible because no information is available to them about how to do it.

Only 50% of vulnerable people were consulted where household toilets were made more accessible (Uganda).

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

Inclusive WASH intervention

The inclusive WASH approach is made up of six elements:

1) Baseline/context analysis
2) Sensitisation
3) Identification and mobilisation
4) Barrier analysis
5) Supporting capacity development
6) Inclusive solutions and actions

Activities included:

- Participatory barrier analyses – Stakeholders discussed baseline results and categorised issues under each barrier. They then suggested solutions to the issues and developed an action plan to realise them. This plan became the intervention.

Accessibility and safety audits – A team of implementers (women and men, girls and boys, including disabled people with different impairments) tried to use a waterpoint or toilets. People observed first-hand how difficult access is for vulnerable people, who showed they have valuable insights to contribute to discussions. This challenged people’s attitudes and encouraged meaningful participation from everyone.

Inclusive WASH designs

- A blind older woman in Zambia tied a guide rope from her house to her toilet and washroom. Now she can use the facilities independently.
- Facilitating a sanitation ladder triggering exercise, Uganda. Information was communicated in different ways – when visual media were used, verbal explanations were given to those with difficulty seeing, and verbal presentations were supplemented with visuals for those with difficulty hearing.
- An accessible waterpoint in Zambia. It has a ramp, a bucket resting stand. It also has a water bucket resting stand.

Conclusions

Ensuring WASH services are accessible for all is vital, but it is not enough. Vulnerable people could still be excluded from using the facilities if negative beliefs are not tackled, so the root causes of stigma and discrimination must always be understood and addressed.

Addressing the root causes can only be done through meaningful consultation and involvement of vulnerable groups throughout WASH programme cycles. This process will take longer and progress will be harder to measure, but arguably it can lead to more equitable and sustainable WASH services and poverty reduction for the “bottom quintile”.

References

3) OHCHR (2011) Human rights of older persons: summary of the report of the Secretary-General to the General Assembly.
6) Ibid.