Making WASH inclusive: Research in Uganda and Zambia
What’s the problem?

• Globally, 780 million people are still without access to safe drinking water and 2.5 billion people lack access to improved sanitation;
• Evidence that the poorest people are being left behind;
• Disabled people and their families tend to be among the poorest of the poor; and likely to lack access to water and sanitation
• 15% of people worldwide (some 1 billion people) have a disability – one of the largest excluded groups globally;
• Number of persons aged 60 and over is anticipated to rise from 740 million to reach 1 billion by the end of the decade;
• Very little known about the lives of disabled and older populations in low and middle-income countries;
• Several WASH projects that focus on disabled people, but no evidence of mainstream inclusive WASH programmes
• 2011 WHO Report on Disability emphasizes need for data collection and research methodologies
Overview

This is an interventional study that is being carried out in Mwanza West ward in Zambia’s Monze District and thirteen sub-counties in Amuria and Katakwi Districts in Uganda.

Phase I: Pre-intervention baseline study
• Led by Leonard Cheshire Disability and Inclusive Development Centre at the University College London as part of a Cross-Cutting Disability Research Programme
• Research partners - the Appropriate Technologies Centre in Uganda and the Institute of Economic and Social Research from the University of Zambia.

Phase II: Intervention and monitoring of an inclusive WASH programme
• A community water, sanitation and hygiene programme that uses an inclusive WASH approach to ensure that access to sanitation and water is improved for all, especially the disabled, chronically ill and frail older people.

Phase III: Post-intervention end-line
• Repeat of the baseline to measure the impact of the intervention on improving access to sanitation and water for all.
Aims of the research

Provide evidence of solutions that overcome identified barriers and, as a result, improve access to WASH for people who have difficulties using standard WASH services.

In order to

Strengthen capacity and willingness of WASH providers to deliver services that are inclusive of all in the community

In order to

Contribute to implementation of equity and non-discrimination in WASH services at scale
Methodology

• Mixed methods approach (quantitative and qualitative);

• Comparing access to WASH for non-vulnerable and vulnerable households (disabled people, chronically ill and older people);

• Vulnerable households identified from village-level government lists of households with disabled, older and chronically ill individuals;

• Matched with a non-vulnerable household in the same community - the ‘closest house’ within line of sight to the front door of the household with a vulnerable individual;
Current status of research

• Baseline findings are emerging – with final report due next year. Then WaterAid will start implementation and monitoring.

• We expect the study to offer evidence and methodology to support focus on human rights, equity and inclusion post 2015
Preliminary Findings from Uganda
Preliminary Findings - General

Sample: 372 Households, of which 203 controls (54.6%) and 169 cases (45.4%)
District: Amuria (33.9%) and Katakwi (66.1%)

### Head of the Household
- **Gender balance:** 42.5% F
- **Education level:** 71.7% not completed primary school
- **Average Weekly Household Income:** 7.85 US $
- **Main Income Source:**
  - Agriculture (47.8%)
  - Manual Labour (28.2%)

### Household members
- **Gender balance:** 48.8% F
- **Education level:** 76.7% not completed primary school
- **Mean age:** 23.5 years
- **Average Household size:** 5.8 people
Preliminary Findings - General

Disabled, chronically ill and older household members (n = 169)

- **Gender balance**: 43.8% F
- **Education level**: 78.5% not completed primary school
- **Mean age**: 50 years old
- **59.2% needs assistive device**
21.9% of respondents have been told **not to touch a water source** by other people.

23.1% of respondents **can’t access drinking water** at home due to personal limitations & discrimination.

**Disabled, chronically ill and older household members**

39.1% help to fetch water for their household. Among them 72.7% stated having difficulties in fetching water.

50.9% **do not help** to fetch water.

**Reasons for not fetching water**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job of other</td>
<td>8.1</td>
</tr>
<tr>
<td>Don’t want</td>
<td>4.7</td>
</tr>
<tr>
<td>Weak/Disabled/...</td>
<td>11.6</td>
</tr>
<tr>
<td>Stick/wheelchair</td>
<td>24.4</td>
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<tr>
<td>Too far</td>
<td>10.5</td>
</tr>
<tr>
<td>Too high</td>
<td>16.3</td>
</tr>
<tr>
<td>Too difficult</td>
<td>16.3</td>
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<tr>
<td>Too heavy</td>
<td>5.8</td>
</tr>
<tr>
<td>Too hot</td>
<td>7.0</td>
</tr>
<tr>
<td>Too heavy waiting time</td>
<td>1.2</td>
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<tr>
<td>Family don’t allow me</td>
<td>15.4</td>
</tr>
<tr>
<td>Other family</td>
<td>33.7</td>
</tr>
<tr>
<td>Water committee</td>
<td>7.0</td>
</tr>
<tr>
<td>Other</td>
<td>31.4</td>
</tr>
</tbody>
</table>

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Preliminary Findings - Water

Problems for people who are older / disabled / chronically ill in accessing water

- Water sources are far away;
- Most boreholes have heavy handles;
- Monthly pump fee is a challenge, no exceptions for vulnerable people, sometimes have to resort to unclean sources;
- Disabled refused water from taps by owners, even when we can pay;
- “Lame people” not allowed to use wells because they are considered dirty;
Preliminary Findings – Sanitation

0.5% of the entire sample have a toilet inside their house. 53% walk less than 5 minutes to reach the toilet and 27% take 5 – 10 minutes to reach the toilet.

Physical barriers

“...inaccessible for a wheelchair; need to ask for help, if none available I soil myself”

“I am a councilor for the disabled, but I was sometime in a meeting but I couldn’t go to the latrine yet I had gotten an urgent call, I tried enduring but ended up urinating on myself, I felt so humiliated that I have never gone back for a single meeting.”

Latrines – all are high or have steps, are hard to crawl up; narrow; lacking space inside, it is easier to go in the bush;

Attitudinal barriers

“People don’t let us share latrine – they think we are dirty”

Institutional Barriers

“We have difficulty digging pits, and can’t afford to pay for others to do it”

“Public latrines are not accessible – we avoid public places”

..”never heard of adaptations, you are the first to tell us about this”
Preliminary Findings – Sanitation

24.3% of vulnerable respondents **DO NOT USE** the same toilet as the rest of their family

“Everyday I have to be carried to a different place to ease myself and sometimes I soil the bed sheets”

Katakwi Respondent
How will the findings influence the WASH intervention?

Raise awareness of implementers and show how they can adjust the WASH programme to address barriers identified in the baseline.
Possible intervention points

Toilet has slippery floor, no handrail
- Improve drainage
- Create non-slip floor
- Install handrail

Older person not consulted, unable to voice opinion, say what they need

Older person has poor balance & difficulty squatting
- Provide information to family about low-cost accessibility options
- Install handrail

Family reject the older person, restrict their toilet use
- Run community awareness-raising sessions

Older person has low status in family, and low self-esteem
- Support self-help groups of older people

Older person often soils their clothes and the toilet
- Older person often smells bad, more work washing clothes, cleaning toilet

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How will the research be used to promote more inclusive WASH at scale?
Thank you

I have challenges squatting. I need a raised platform in my latrine. I need information on options

Pascal Emalu, Amuria District