

## Welcome to this introductory week on Inclusive WASH!!

This week will introduce concepts of inclusion and equity in the WASH sector and give you a step by step introduction to using the [inclusivewash.org.au](http://inclusivewash.org.au) website's interactive features. For many of us using an online forum is new so let's explore and learn together!

### Access for all is better for all

At WaterAid we believe that access to safe water, hygiene and sanitation underpins human development, enabling people to overcome poverty. We see poverty, marginalisation, and social exclusion as inextricably linked.

Making water and sanitation services more accessible, inclusive and user-friendly benefits everyone in the community including older people, children, pregnant women, and the ill. Access for all is better for all.

### Nothing about us without us!

A key principle we will talk about over the coming months is **Nothing about us without us!** To ensure we are being inclusive in both our processes and in the technology we design it is essential to ensure participation of the people we are seeking to serve. This principle and slogan comes from the disabled people's movement but is widely applicable.

One of WaterAid's local partners in PNG ATprojects has an excellent example of when they were designing a WASH kit for people with AIDs. To design the kit they spent time with people with AIDs to find out what their issues and barriers were and what they wanted to overcome those. Read more about it here <http://atprojects-png.org/factsheets/002%20programfact%20livingwdignity.PDF>

As we progress through the forum we would like you to sit down and discuss with people in your communities to find out about their situation. For example when we are talking about women and girls, sit down and talk to a woman or a girl and ask them the questions below. If you can't then we have also attached some case studies in this pack that you can read (attached below). If you have other case studies to share please share them – email us at [info@inclusivewash.org.au](mailto:info@inclusivewash.org.au)

### Questions to ask people

- What are the issues and barriers you face?
- How do you overcome these barriers? How do you cope?
- Have things improved and if so how?
- What remains to be done?

### Breaking the barriers activity

We will be using two tools to analyse the barriers preventing people from accessing WASH. This framework is based on the social model which is well known in the disability sector. The

social model of disability recognises that disabled people are an integral part of society. Rather than concentrating on the impairment, it recognises that barriers to full participation are three fold: environmental, social/attitudinal and institutional. We can use the social model to identify barriers that exclude others from full participation in society and more specifically WASH.

This week we want to share a very useful tool for analysis when thinking about equity and inclusion in WASH. This activity was developed by Hazel Jones from WEDC as part of a WaterAid course.

You will see **Worksheet 1** is a framework for you to use to analyze what are the barriers that people are facing. **Worksheet 2** is then a framework to start identifying solutions to break down the barriers

### **The Social Model \***

The social model of disability recognises that disabled people are an integral part of society. Rather than concentrating on the impairment, it recognises that barriers to full participation are three fold: environmental, social/attitudinal and institutional. This means that society needs to adapt to enable disabled people to participate more fully in society. This includes adapting water pumps to make them more accessible for all people regardless of their ability. We can use the social model to identify barriers that exclude others from full participation in society and more specifically WASH. See examples in the table of barriers that people can face.

*“The toilet at the school is not clean. I get out of my wheelchair and then go on my hands. When I see some dirt in the toilet I don’t use it. If I wasn’t disabled I could go to the toilet anywhere. It is very painful not to go to the toilet.” Young woman, Butajira town, Ethiopia.*

**Environmental barriers** can be split into natural environment (distance from toilets and/or open defecation areas and terrain) and built infrastructure (narrow entrances to latrines, lack of space, slippery floors and steps). Caring for disabled family members usually falls to women and girls as it is considered domestic work. Due to the barriers disabled people face in collecting water for domestic use, including washing themselves and independently accessing toilets, these duties pass to the caregivers.

**Social/attitudinal barriers** include negative traditional beliefs linked to a lack of information about the cause of impairments. For example, in Ethiopia there is limited understanding of the cause of polio (this relates to institutional barriers); instead a widely held view is that the affected person has been attacked by *likift* - “devil spirit”. As a result, some families may not seek medical attention which can lead to secondary complications or a lower health status.

Disabled people and their families report being isolated and ostracised from community life because of stigma, fear and misunderstanding. This can lead to low status, harassment and isolation of the disabled person. Dependence on carers and limited social contacts can lead people to believe that they are less able to contribute to society, so can be considered of less

value. In turn, these attitudinal barriers can decrease disabled people's self esteem, meaning that they may be less knowledgeable about how to assert their rights.

**Institutional barriers** involve discriminatory legislation, policies and strategies. Although many governments and international agencies have policies and legislation about the inclusion of disabled people, these almost never include WASH concerns. A lack of consultation with disabled people in policy influencing and practice intervention, as well as a lack of information on accessible toilet design options is also a major institutional barrier.

"There was a big discrimination by the society and I was staying at home. My family sent my sisters and brothers to school but they are keeping me at home because they are ashamed of me. I am hiding myself too". *Female, Butajira town, Ethiopia.*

There are some examples of barriers people face and some of the solutions in the table attached.

This text is copied from Jane Wilbur's concept note (WaterAid 2011). If you want to read more about Jane's research in Ethiopia? Click here

[http://www.wateraid.org/documents/plugin\\_documents/full\\_report\\_principles\\_and\\_practices\\_for\\_inclusive\\_sanitation\\_1.pdf](http://www.wateraid.org/documents/plugin_documents/full_report_principles_and_practices_for_inclusive_sanitation_1.pdf)

Want to read more about the theory of why Inclusive WASH matters go to WaterAid's site on Equity and Inclusion

[http://www.wateraid.org/uk/what\\_we\\_do/how\\_we\\_work/equity\\_and\\_inclusion/default.asp](http://www.wateraid.org/uk/what_we_do/how_we_work/equity_and_inclusion/default.asp)

Want to read more about the social model and activities for disability awareness have a look at World Vision's excellent book "Travelling together"

[http://admin.worldvision.boxuk.net/upload/pdf/Travelling\\_together.pdf](http://admin.worldvision.boxuk.net/upload/pdf/Travelling_together.pdf)

This a framework<sup>2</sup> for you to use to analyze the barriers that people are facing. Worksheet 2 is then a framework to start identifying solutions.

### Worksheet 1 - Wall of Barriers

As you read, talk to or hear about barriers that are preventing people from accessing WASH fill them in on this wall of barriers. There are some examples to get you started.

Individual			Environmental			Institutional/ organisational			Attitudinal / Social		
Weak legs						poverty					Design perceived as male expertise so women excluded from technology design
Pregnant so can't fit inside the toilet											
				Difficult terrain around water sources such as slippery slopes,		HIV programmes don't include hygiene messages					

<sup>2</sup> This activity was developed by Hazel Jones from WEDC as part of a WaterAid Equity and Inclusion course.

## Worksheet 2 – Breaking down barriers to water, sanitation and hygiene

Fill in the barriers you have identified and start recording solutions to breaking down those barriers. The third column is to record who is responsible take action such as your organisation, government etc. Add in as many lines as you need!

<b>Barriers to water and sanitation</b> (fill in from worksheet 1)	<b>Solutions</b>	<b>Responsibility?</b>
<b>Individual</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Environmental</b> <ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Institutional/Organisational</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Social/ Attitudinal</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

Barriers examples	Solutions examples
<i>Individual</i>	
<ul style="list-style-type: none"> <li>Physical limitations (difficulty walking, squatting, balancing)</li> <li>Poor eyesight</li> <li>Prone to infections</li> <li>Lack of education/ information</li> </ul>	<ul style="list-style-type: none"> <li>Mobility equipment – wheelchairs, trolleys, crutches, physiotherapy</li> <li>Spectacles, white canes</li> <li>Medical treatment</li> <li>HIV programmes provide health/hygiene messages</li> </ul>
<i>Environmental</i>	
<ul style="list-style-type: none"> <li>Long distances</li> <li>Uneven, slippery overgrown paths</li> <li>Steep steps to toilets &amp; water points</li> <li>Narrow toilet cubicles</li> <li>Dark inside cubicles</li> <li>Uneven, slippery wet/ dirty floors</li> <li>No support rails, no seats</li> <li>Taps &amp; pump handles too high</li> <li>No facilities for menstruation management</li> <li>Missing toilet door locks</li> </ul>	<ul style="list-style-type: none"> <li>Install facilities nearer to users</li> <li>Make paths level, smooth ramped earth, clear obstacles</li> <li>Construct low, even steps, with handrail; ramp as alternative</li> <li>Cubicle with wider space inside</li> <li>Provide natural light</li> <li>Latrine floors with smooth non-slip surface, improve drainage</li> <li>Provide support rails; provide toilet seat</li> <li>Water points with taps at different heights; longer pump handles</li> <li>Provide incinerators or pits to dispose of soiled cloths</li> <li>Adequate water for personal hygiene inside or near toilet cubicles</li> <li>Ensure locks on toilet doors</li> </ul>
<i>Institutional</i>	
<ul style="list-style-type: none"> <li>Lack of policies, strategies, legislation</li> <li>Lack of information &amp; skills of WASH staff</li> <li>Users lack knowledge of accessible options</li> <li>Lack of data on needs of marginalised</li> <li>Lack of consultation with/representation of marginalised groups</li> <li>Lack of standard designs for accessible facilities</li> <li>Lack of collaboration between relevant agencies</li> </ul>	<ul style="list-style-type: none"> <li>Provide evidence to influence policy</li> <li>Capacity-building of WA &amp; partner staff</li> <li>Provide information; build community facilities demonstrating accessibility options</li> <li>Improve research, disaggregated data collection;</li> <li>Situation assessment of existing facilities</li> <li>Ensure elderly, disabled, women, PLHIV on user committees</li> <li>Involve representative groups of users, e.g. DPOs in designing /planning accessible facilities</li> <li>Build partnerships &amp; capacity of relevant NGOs, e.g. HIV programmes include hygiene promotion package</li> </ul>
<i>Social/ attitudinal</i>	
<ul style="list-style-type: none"> <li>Misinformation about disability/ HIV/ menstruation, etc.</li> <li>Toilet pits emptied by women</li> <li>Discrimination, neglect, exclusion</li> </ul>	<ul style="list-style-type: none"> <li>Improve health information to girls</li> <li>Public awareness campaigns, e.g. on HIV transmission, use influential figures, religious leaders</li> <li>Adhere to Act for Abolition of manual scavenging</li> </ul>

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### Case study HIV

Regis Sicheuunga, 48, is a widow and a mother of seven. She also has two grandchildren. Regis suffers from HIV, which she was diagnosed with after the birth of her last child, Katherine, who is now nine. Regis was married but her husband died in 1998 and she had Katherine with a new partner. Her four youngest children have been tested for HIV and are all negative.



This is Regis' story: "I used to get the water from a well, which was a long way. I had to get up at 3am because if you were late, the water would be gone and you would have to wait for it to come up again. I was given containers and chlorine by the hospital to keep boiled water because it's so important for my health to have clean water.

Now we have a hand-pump in my village, which has been particularly beneficial for me as I don't suffer from diarrhoea anymore. Diarrhoea used to recur about every six months and I didn't know if I got it from the water or the toilet. I would go to the hospital to get the medicine to help me cope, but it was 18km so I would have to stay overnight.

Now that I have clean water close to my home, I keep a garden to grow vegetables and groundnuts to help protect my body. As I'm stronger, I am very keen to build a toilet and I know people will help me, as they helped me to build my house.

Our new hand-pump has been very good for everyone, but the best thing was actually the education that came first, which we can now pass onto others. The education made me realise the error of my ways in using dirty water and, as a result, the spread of diseases has reduced.

When I was diagnosed with HIV, there weren't any support groups and a lot of people were secretive about the condition. However, the Chikuni Mission started to visit me at home once a month and would bring maize to help. They put together a list of all those willing to be known as HIV positive and we formed a support group so we could talk to others about the disease and encourage them to be safe.

We started making a radio show and held a lot of seminars where we taught positive living and how to deal with the stigma of HIV. When others heard, they got in touch to ask if we'd help them. We now have 12 clubs and Kara Counseling helped us to buy some goats so the clubs can generate a small income to run.

When I speak to others, I tell them to make sure they use clean water to keep disease at bay.

Things are positive for me now. I am not scared and the children don't think about the future when I won't be here. I thank the people who made this possible. The knowledge they have brought, to help me understand the importance of clean water, hand-washing and toilets will help me live longer."

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### **Case study Gender**

Chimunya Malambo is in grade six at school, but at the age of 17, is old enough to be in grade nine. Her school is in the Monze district of Zambia and has recently benefited from receiving new toilet blocks.

This is Chimunya's story:

"I started going to this school in June; where I was before was too far from my home.

In order to attend my last school, we had to raise enough money to pay the fees, but anyone can come here even if you are still finding the money.

The toilets there were very unhygienic. They were full of people and very dirty and smelly as we never cleaned them. I used to dread having to use them.

During my period, I had to carry my dirty cloths with me in a plastic bag to throw away after school as there was nowhere for me to dispose of them. I would also have to leave early because I was soaked and had to go and bathe and stay at home until my period had reduced.

Now I'm at a school with new toilets, I don't need to miss lessons. We can throw our dirty cloths away during the day and get new ones. Our toilets here are nice and clean so I like using them. We also have cleaning sessions and are taught to get a bucket and wash them down if they are dirty.

I'm from Nelube village and we don't have a toilet at home but we are now digging one, which will help make a difference to my life. When I'm on my period at home, I have to re-use the same pieces of cloth because there is nowhere to put them. I prefer to throw them away like I can now do at school.

Having the clean toilet block helps me with my studies. My favourite subjects are English and Maths. When I'm older I want to be a doctor so that I am able to help people."





### **Case study Children**

Kelalit Gezgi is nine-years-old and a grade two student at a primary school in the Tigray region of northern Ethiopia without adequate WASH facilities. Tekle Berhe is 15-years-old and a grade five student in a school in the Tigray region of northern Ethiopia, which now has a water tap and latrine.

Kelalit's story: "We don't have a water tap at school and so have to carry between five and 10 litres of water from home every day. Some of us live very far from the school and the surrounding areas are hilly, making carrying water very tiring.

Luckily, my parents live nearby. During break time, I hurry home to drink water and return to school before it is too late. I have a scar on my chin from falling down while running back to school.

If I go without water at school, my attention drifts away from the classroom and my throat and lips get dry and swallowing becomes really difficult. There are also no latrines at the school and so most students defecate on the outskirts of the school making the place very disgusting. It makes us sick. The girls don't want to defecate outside in the presence of boys as it's very embarrassing and we don't feel safe.

The situation at home is tough too as I have to collect water from the river. To avoid the very long queue I need to get there at midnight. I go there together with my friends to stay safe. The round trip journey takes about an hour and I travel all the way carrying 20 litres of water. The heavy wind and cold air cracks my skin and I get strong pains in my back and hip. Staying up so late means I get really tired and then can't pay attention in class but when I collect water in the sun I feel dizzy and weak."

Tekle Berhe's story:

"Our school now has a water tap and a latrine. We can get water whenever we want and use the toilet during break time. Now we don't have to bother about carrying water all the way from home for drinking and to water the trees. We never have to feel thirsty.

We also don't need to worry about defecating outside and aren't scared of boys teasing us.

Now all we need to think of is our education. We used to waste our break times to search for water, but can now play instead. We also don't come to class late and so don't get punished by the school security guard.

The availability of the water tap and latrine has really improved life at school for us."

## Case study disability

### Restoring the dignity of a disabled man in Timor Leste: Claudio's story

Claudio, 35, lives in the farming village in the Liquica district, where a lack of proper sanitation facilities used to mean that most inhabitants had to defecate in the surrounding fields or in pig pens. This left the villagers vulnerable to preventable diseases, such as diarrhoea, as well as causing women and girls embarrassment during menstruation.



Life without a toilet was particularly difficult for Claudio, who was born with club feet, which were never treated. Reliant on a stick to walk and work, he was unable to trek to isolated places to defecate in private. As a result, he had to defecate near his home, which he found humiliating.

WaterAid in Australia, in conjunction with local partner Hafoun Timor-Leste (HTL), has been working in the district since 2007 to help provide access to water, sanitation and hygiene. The team carried out participatory activities in Kulau to spur the villagers into action, and as a result, all households built their own toilets.

The squat design however was not hygienic for Claudio, as he had to use his hands to push himself up off the ground. The WaterAid and HTL team worked with Claudio and a local carpenter to build a simple wooden chair with a hole at the top, providing him with a hygienic and private toilet.

The design was then modified to suit the two other disabled villagers – an elderly man with arthritis and a 38-year old man who hurt his back in an accident.

Claudio said: “I am very happy with my toilet as now I don't have to walk to the fields or try to climb fences to go to the toilet in the pig pen. Now it is easy for me to use the toilet on my own and I can stand up and sit down easily.”

At the recent Open Defecation Free ceremony attended by the villagers and government officials, Claudio showed his toilet to the Secretary of State for Infrastructure, who said he was impressed and pleased there were more accessible toilet designs available.

WaterAid in Timor Leste is focusing on involving disabled people in its WASH activities. This example proved a good opportunity to raise awareness of living with disabilities in Timor Leste, not only in the local community but also at a governmental level.

## Case study disability (2)

AG is a member of disabled people's association in Bujajira, Ethiopia where WaterAid has supported a project to build an accessible latrine and shower. She is 18 years old, unmarried and without children. She is paralyzed from the hips down and uses a wheelchair;

I became disabled when I ran away from my father who was beating me. I fell on the dirt road and my legs stopped working. When they picked me up I couldn't walk but instead of taking me to the hospital they took me to another place because they thought that the devil had attacked me. At the traditional medicine they gave me a massage with butter but I didn't get better; I didn't feel good at that time. I did not believe it was an evil spirit. I knew it was because I fell. The nurses are going to their village and give their polio medicine and I expect that maybe it is polio. My father believed that it was an evil spirit. I was a kid at that time; when I grow up and I start to believe my own potential I can't accept that belief.

There was a big discrimination by the society and I was staying at home. My family sent my sisters and brothers to school but keep me at home because they are ashamed of me. They don't want to say 'she's my sister', and my dad, he doesn't want to say he has a disabled daughter. My neighbours and my friends – the society, they start to discriminate. When children are playing outside I was not playing with them. If there is something that makes us happy such as giving birth, they tell my sisters and brothers, but they wouldn't tell me. Not only for the people's; I am hiding myself too.

I live in a rural area. One of the Kabele staff was my friend and he knows me before I became disabled. Then he gives me this wheelchair five years ago. I was very sad when my friends go to school and I am always saying to myself – it is better to die; I want to die because my friends are learning and I am staying at home. I was thinking like that.

I am staying on my own [at home]. My mother looked after me: just she give to me something to eat, then no other treatment. But when I get this wheelchair I go to school to learn by myself. I start to learn when I was twelve, now I am grade five.

My father passed way. In our culture when your father dies, you ask for something from your home. I asked for chicken so I could sell them and go to school. I was hearing something that disabled people were learning in town. I sell chicken and then I come to this town [Butajira town] and rent house. I am preparing some handcraft – I take some training in weaving and I make baskets. I am paying for the rent of the house and I go to school.

When I come to this town before this project [WaterAid's project], I went to my friends home to use the toilet. I tried to find any place that is accessible to me. I was not successful at that time. I tie shoes on my hands and I went to the toilet but it was very difficult. I went early in the morning when no one was getting up; most of the time I go to the toilet early in the morning. The house I rent, the toilet is near my house. When I take baths, I ask permission from the owner of the house and I put hessian sack around me like curtain with a wood rail; then I was sitting on the grass and I was washing.

Before when I used the toilet with other people, it was very dirty and they were using the toilet. I was using my hands to go to the toilet and I become very dirty. And also I can't carry water [to flush the toilet] as I am walking with my hands and I had to ask someone to help. It was difficult for me. When I am come to this town, I use the toilet and I use the shower [in the WaterAid supported project] without any problem.

The shower and the toilet have not changed people's attitudes towards me. The big thing is coming from that rural area to learn. I am coming from the dark place to the light place. And also I have so many friends and I am sharing so many ideas with peoples – that is a big change for me.

My family who was ashamed by me before, they are proud of me now because I am helping myself. I know that very well – I can change myself and I can learn. I can do everything and I am equal to non disabled people. I will go to college and graduate. I want to sit in an office and work.

If that person is deaf, he miss only – he can't hear but he can do anything. If he is visually impaired he can't see but he can do everything. If he is physically disabled he can't walk or he can't touch something but he can do everything. That is my belief. If someone is mentally retarded I do not think that he can do anything because he can't think. I saw them on the street but I don't know personally. If he is not thinking, only that person can not do anything.

I do not have a boyfriend. It is not the time to have a boyfriend. Someone is asking me to be a girlfriend by I say no at this time. He is not happy. Whatever he says I have to complete my school. I want to learn. He is not disabled. My family do not support me and if I bring another kid they are not happy and nobody will help me without an income.

There is a very hard word in Amharic for 'deaf'. Instead of saying 'deaf' it is better to say 'hearing impairment'. When you translate in Amharic, 'deaf' is a person who can't hear, can't do; that person is nothing. 'Hearing impairment' means they can do.

I would like to thank you to spend your time and to see our disability problem in this area. I would like to thank you".

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### **Case study: Older people**

Sabrina Filumba doesn't know how old she is. She lives in Kafumbo village, where she relocated with her husband several years ago, but is now a widow. She has problems with her legs making it difficult for her to be very mobile, but her 13-year-old grandson Kanama lives with her and helps look after her.

Until July 2009, Sabrina did not have a toilet. She used to walk about 400 metres to use the surrounding bushes.

“My toilet collapsed soon after my husband died in 1995. At that time, there was no spirit of cooperation amongst people in the village so it never crossed my mind to ask for help to rebuild it. Everyone expected to be paid cash or with chickens, but I didn't have either. Even my own family never bothered to help me.

People here have always suffered from diarrhoea, cholera and other related diseases but no one ever knew it was due to poor sanitation. Now people are more educated and understand the link.

In 2009, the idea of helping each other was introduced to the village by the V-WASHE Committee.

One day, four people came to my house to ask if they could help build me a toilet in order to avoid an outbreak of cholera in the village. I was really happy and grateful. I thanked God for finally remembering me.

I am now a proud owner of a traditional latrine; I'm just waiting for cement to arrive so that it can be improved with a sanplat. Traditional latrines need to be re-plastered every two weeks as they become rough from sweeping, but I am an old woman who can hardly walk anymore let alone have the strength to manage such a task.

I now also have a hand washing facility outside my toilet. I am very pleased with the hygiene education I received from the V-WASHE committee.

I was not aware of the need to wash your hands after using the toilet. My grandson Kanama used to tell me to construct a toilet and encouraged me to wash my hands after using it as he learned about it in school. Unfortunately, I was unable to do so.

I now want to spread the message to all my grandchildren so that they continue with good sanitation and hygiene practices. If it wasn't for the problem with my legs, I would have been accompanying the V-WASHE members on their sensitisation rounds.

The V-WASHE members have now become like family and pass through once in a while to see how I am doing”.

