



# Undoing inequity: inclusive water, sanitation and hygiene in Uganda and Zambia



# Background

- 768 million people live without access to safe water
- 2.5 billion people lack access to improved sanitation
- 15% of people worldwide are disabled
- 1 billion people will be over 60 years in 2020
- Chronic illness: an estimated 34 million people live with HIV and AIDS.



Leonard Cheshire Disability

# A collaboration between three organisations

1. Leonard Cheshire Disability & Inclusive Development Centre, UCL through the Cross-Cutting Disability Research Programme. Working in conjunction with other DFID funded Research Programme Consortia
  2. WaterAid
  3. The Water, Engineering and Development Centre (WEDC), Loughborough University.
- Appropriate Technology Centre (ATC), INESOR, DAPP, CoU-TEDDO, WEDA, District Local Governments
  - The Sanitation and Hygiene Applied Research for Equity consortium (SHARE)

# Overview of research

**Research aim:** to understand the barriers that people who are marginalised face when attempting to use standard WASH facilities in Zambia and Uganda.

## **Methods:**

1. Gathering evidence before WASH intervention (baseline)
2. Developing a WASH intervention to address barriers faced (intervention)
3. Monitoring and testing the intervention and approach (monitoring)
4. Gathering evidence after the intervention to assess the impact and benefits for the target group (evaluation)

**Defining 'Inclusive WASH':** an approach that responds to the varying needs of people and the local context, rather than promoting a 'one size fits all' approach

# Research Areas



UGANDA, thirteen sub-counties in Amuria and Katakwi Districts



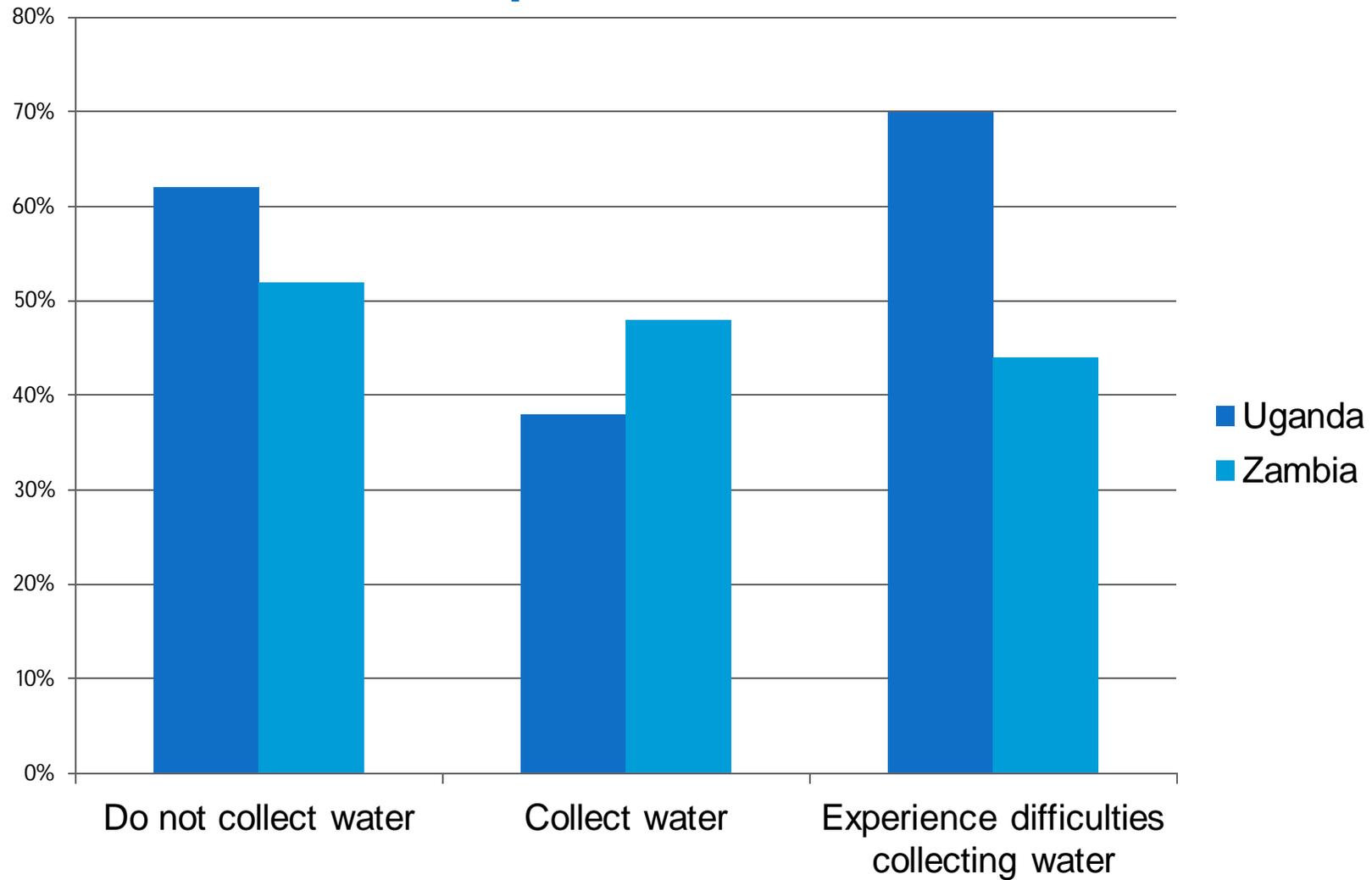
ZAMBIA, Mwanza West ward in Zambia's Monze District

# Methodology – pre-intervention baseline study

- Mixed methods approach (qualitative and quantitative)
- Vulnerable households identified through village-level government lists of households with disabled, older and/or chronically ill member
- Matched data from household in same community
- Interviews and on-site observation of WASH at household, schools and community levels using observational checklists.
- Key informant interviews, focus group discussions and interviews with senior ministry officials, experts from NGOs, DPOs

# Research Findings from Uganda and Zambia

# Water - access problems



j47

Uganda includes issues of cost:

1. Annual pump fees are difficult for some to pay- no allowances or exceptions made for people who are marginalised
2. Some tap owners will turn people away even when they can pay

Did this come up in Zambia? If not is it because the Uganda respondents were in peri urban areas with piped water and the Zambia respondents were collecting from unprotected water sources? Need to be clear about the water source type.

janewil, 12/06/2013

# Water - barriers

## Uganda

- Weakness/disability/sickness (61%)
- Heavy containers (33%)
- Distance to water source (21%)
- Water sources – far from homestead
- Boreholes with heavy pump handles; handles out of reach
- Takes additional time
- 19% told not to touch water. Reasons given by respondents: contamination, dirty, discrimination, epilepsy, mental illness

## Zambia

- Weakness/disability/sickness (70%)
- Heavy containers (15%)
- Distance to water source
- Water sources – far from homestead
- Boreholes with heavy pump handles; handles out of reach
- Takes additional time
- 3% told not to touch water or handle water. Reasons given by respondents: unclean or contagious

j51

Uganda includes issues of cost:

1. Annual pump fees are difficult for some to pay- no allowances or exceptions made for people who are marginalised
2. Some tap owners will turn people away even when they can pay

Did this come up in Zambia? If not is it because the Uganda respondents were in peri urban areas with piped water and the Zambia respondents were collecting from unprotected water sources? Need to be clear about the water source type.

janewil, 12/06/2013

# Water - barriers

## Uganda

- The main source of water is a borehole
- 81% pay for water
- 24% who pay stated it affects their water consumption levels
- When they can not afford the cost, they get water from an unclean source (29%) or tend to use less water (24%).
- Alternatives: requesting a 'grace period,' borrowing money or water, or simply going without water

## Zambia

- The main source of water are boreholes
- 26% pay for water
- 12% who pay stated it affects their water consumption levels
- When they can not afford the cost, they tend to use less water (17%)
- Alternatives: borrowing money/water, relying on neighbours/community or using a different water source

j49

Uganda includes issues of cost:

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Did this come up in Zambia? If not is it because the Uganda respondents were in peri urban areas with piped water and the Zambia respondents were collecting from unprotected water sources? Need to be clear about the water source type.

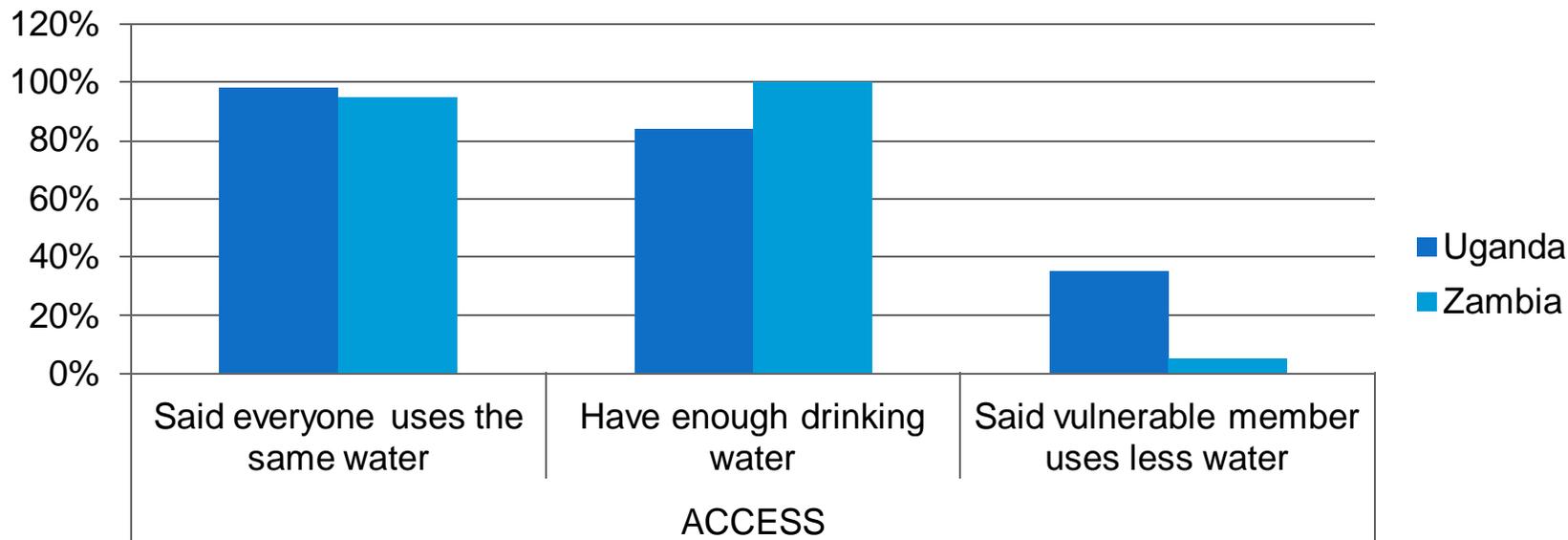
janewil, 12/06/2013

j52

do we need this slide?

janewil, 13/06/2013

# Stored water in the household – access and barriers <sup>j53</sup>



## Barriers - Uganda

- 29% of vulnerable members cannot get the water container themselves
- 26% do not have enough to drink mainly because there is no one to help (58%), or because they do not want to burden other household members (19%)

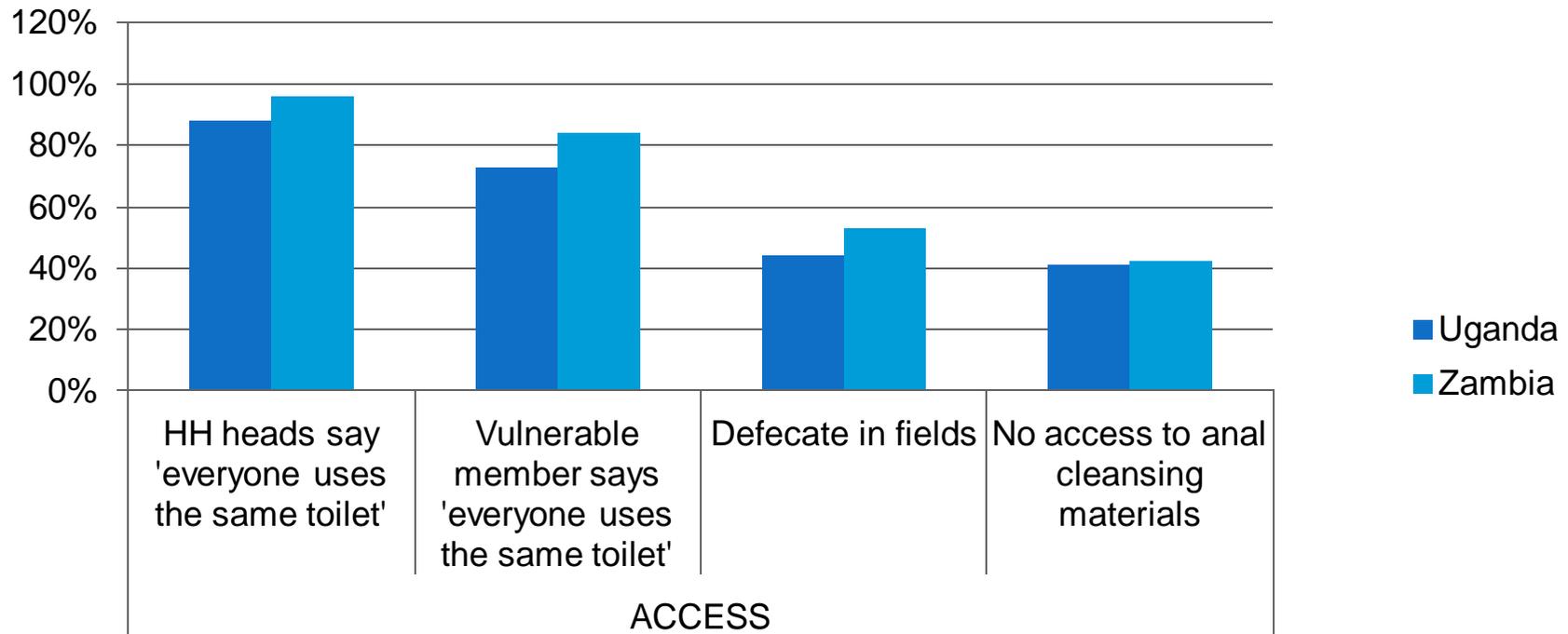
## Barriers – Zambia

- 22% of vulnerable members can not get the water container themselves
- 4% do not have enough to drink mainly for lack of help

j53

**table needs to be updated**  
janewil, 13/06/2013

# Sanitation – access and barriers in the household



## Uganda - Barriers

- 41% Lack of support rails, seat in the toilet
- 25% Difficult to enter the toilet
- Discouraged by others who say they are 'unclean'

## Zambia - Barriers

- 33% inaccessible household toilet (slippery paths, too small, not enough light)
- 29% had no support rails, seat in the toilet

# No sanitation – no dignity

## Uganda

- 15% report needing help to use the toilet
- 40% wait for help
- Some relieve themselves less often; some eat and drink less; some soil themselves

## Zambia

- 16% report needing help to use the toilet
- 43% wait for help
- Some relieve themselves less often; some eat and drink less; some soil themselves

# Adaptations made to toilets

## Uganda

- 25% of household heads said toilets had been made more accessible
- 21% of vulnerable members said toilets had been made more accessible
- 50% of vulnerable individuals in households where adaptations were made were not consulted before adaptations

## Zambia

- 21% of all households had made adaptation
- 31% of households with vulnerable members which had not made adaptations, they reported they had 'never thought about it'
- 38% had considered it but felt it too expensive

# Public toilets – access and barriers

## Uganda

### Access

- 39 % have trouble finding accessible toilets
- 48% are able to find a toilet
- 8% were house bound because they are not mobile

### Barriers

- Teased and jeered at when using public toilets

## Zambia

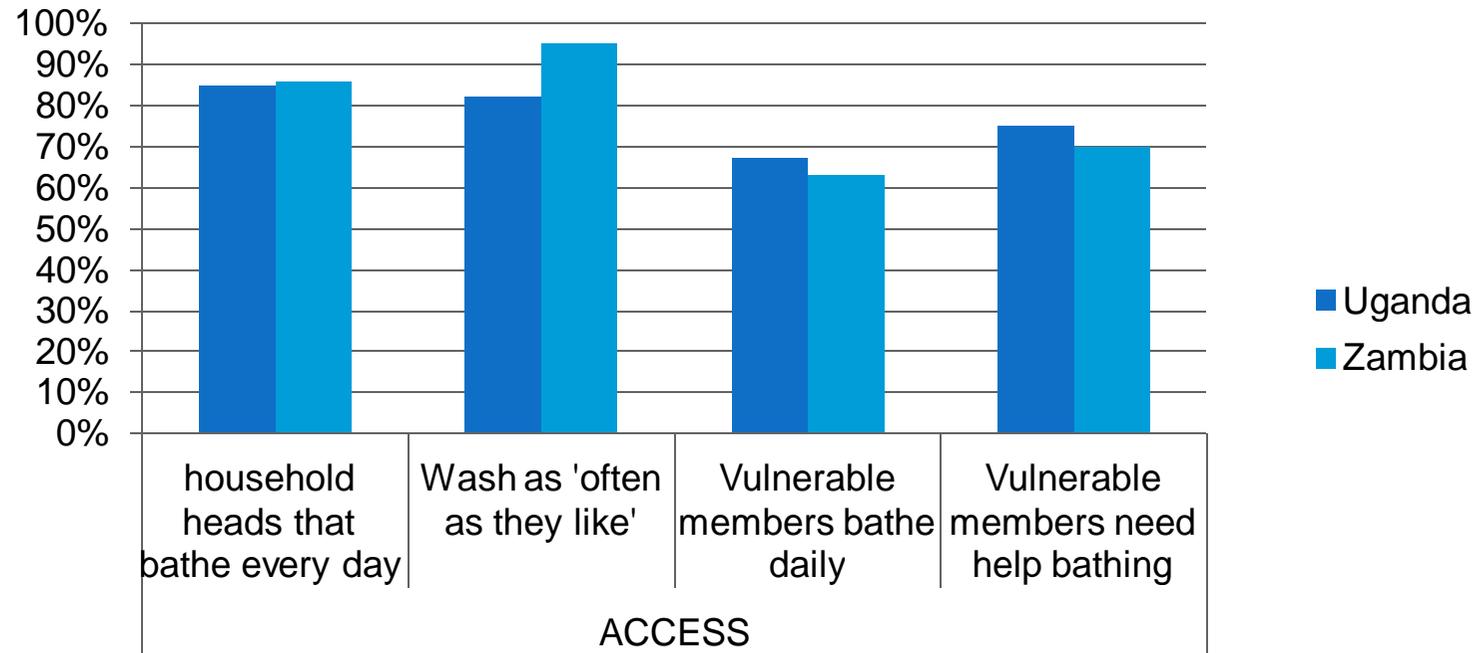
### Access

- 13% have trouble finding accessible toilets
- 69% are able to find a toilet
- 17% were house bound because they are not mobile

### Barriers

- Teased and jeered at when using public toilets

# Hygiene: access and barriers



## Uganda - Barriers

- Health implications
- Privacy an issue

## Zambia - Barriers

- Health implications
- Many stated they did not want to burden others
- 73% are happy with the level of privacy

NG2 j38-j35: change as per jane suggestion

j39: Nora, is this derived from the 75% of vulnerable respondents who stated they are satisfy with the frequency of bathing?

j40: Nora, health implications come from qualitative findings, or is a conclusion drawn on the basis of the results?

\* Conclusion drawn on knowledge of health implications for lack of cleanliness among people with disabilities and HIV/AIDS patients. (Did not ask specific clinical questions). These health implicaitons are things like:

\* Pressure sores common among people with mobiilty problems/wheelchair users - if these become infected, they can be deadly.

\* Infections among HIV/AIDS users also can quickly become deadly (skin, mouth, urinary track & etc) - again, these can quickly become deadly, which is why the AIDS literature places great emphasis on keeping skin clean.

Comparable issues can be raised with people with other chronic illness and older adults.

Nora E Groce, 13/06/2013

# Impact on carers

## Uganda

- Predominantly adult women
- 77% provide constant care and plan around care activities
- 41% plan daily schedule around care activities
- Majority of care activities relate to water, sanitation and hygiene

## Zambia

- Predominantly adult women
- 73% provide constant care
- 41% plan daily schedule around care activities
- 23% feel caring limits time for other activities or chores.
- Majority of care activities relate to water, sanitation and hygiene

# ATC's learning and next steps

## Learning

- The exercise was revealing in that it enabled the research team to appreciate the plight of people with special needs.
- PWDs are not aware of their rights: they are not aware of them being marginalised.
- Many PWDs are ignorant of available options and procedures that can make accessibility easier for them.
- There are so many lacking basic needs (such as shelter, domestic needs) that are required by PWDs making access to water and sanitation seem secondary.

## How the findings will be used

- Together with Water Aid Uganda, ATC is preparing an inclusive WASH technical guide.
- All technologies being promoted at ATC are being made to be inclusive.
- The findings are being used in evidence based advocacy.
- Dissemination of findings by engaging students and tertiary institutions in Uganda.

# Process of developing an inclusive WASH approach

1. Awareness raising and technical training
2. Discussed intervention with community members, the barriers faced, and reviewed facilities developed
3. Participatory barrier analysis with implementing partners, WaterAid, WEDC and external stakeholders



Community awareness raising in Hamasanzu village, Zambia

# Changes made to make the intervention more inclusive

Environmental barriers



Attitudinal barriers



Institutional barriers

# Thank you

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Nora Groce

WaterAid: Jane Wilbur

ATC: Isaac Mutenyo, Asha Nantege

For more information on the CCDRP programme visit:

[www.ucl.ac.ac/lc-ccr/ccdrp](http://www.ucl.ac.ac/lc-ccr/ccdrp)

