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## Water Justice, Gender and Disability



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# Planning for inclusion: exploring access to WASH for women and men with disabilities in Jaffna District, Sri Lanka

Clare Hanley

Disability Inclusion Advisor – CBM Australia

Email: [chanley@cbm.org.au](mailto:chanley@cbm.org.au)

Tarryn Brown

Disability Inclusion Advisor - CBM Australia

Naomi Niroshinie Nayagam

Independent Consultant, Australia

Vellayan Subramaniam

President -Northern Province Consortium of Organizations for Differently Abled (NPCODA), Sri Lanka

Samantha De Mel

Protection & Disability Specialist - World Vision Lanka, Sri Lanka

Arunasalam Sureshkumar

Monitoring and Evaluation Specialist -World Vision Lanka, Sri Lanka

## Abstract

While Sri Lanka has made significant progress over the last decade in improving rates of access to Water, Sanitation and Hygiene (WASH), this improvement has not been uniform across the country. People living in the conflict-affected Jaffna District have substantially lower rate of access to WASH services than the national average. Hence, efforts are being made to improve WASH coverage in this region. World Vision is one such organisation working to improve access to safe drinking water and sanitation in Jaffna District, with funding from the Australian Government. This program includes a specific focus on reaching the most vulnerable groups in the community, including people with disabilities. In 2015, World Vision completed a baseline assessment to inform project implementation, and establish an evidence base for measuring change. Given the focus on disability inclusion, a key part of this was to identify the extent to which people with disabilities had access to WASH in project areas. To supplement this baseline, in early 2016, World Vision funded an in-depth assessment of disability, to further explore the experiences and perceptions of people with disabilities in accessing WASH. Findings from both these studies are presented, which highlight the complex and interacting barriers faced by people with disabilities in accessing WASH facilities and the impact this has on their lives. The different experiences of women and men with disabilities are also explored, and recommendations to strengthen inclusive WASH practice in Sri Lanka are provided.

**Keywords:** Disability, Gender, Sri Lanka, WASH, Inclusion

## Introduction

In 2010 the UN Human Rights Council declared access to water and sanitation as a basic human right. This was strengthened in 2015, when the UN General Assembly further recognised the distinction between the human right to water and the human right to

sanitation. In Sri Lanka the rates of access to improved drinking water and sanitation are well above the regional average, with 96% and 95% access to improved water and sanitation respectively (WHO and UNICEF, 2015). However, these statistics mask inequalities in access between urban and rural areas, and across geographic regions, with people in

the conflict-affected Jaffna district experiencing substantially lower rates of access. This is due to a combination of factors: (i) damaged sanitation facilities and lack of access to water; (ii) weak water resource coordination and planning, and lack of essential policies for managing water resources; (iii) poor institutional capacity of water and sanitation authorities; and (iv) inadequate awareness about water conservation, environmental protection, and hygiene among users (WHO and UNICEF, 2015).

Within particular geographic areas, improvements in access to Water, Sanitation and Hygiene (WASH) have also been inequitable. In South Asia, studies have shown that better access to sanitation has primarily been enjoyed by the wealthiest in society, while the poor and marginalised (such as people with disabilities) are often left behind (Narayanan et al., 2012). Environmental barriers limit the extent to which people with disabilities can benefit from efforts to increase community access to WASH. These include attitudinal barriers that create stigma, shame and discrimination; physical barriers such as inaccessible infrastructure designs; and communication barriers (Narayanan et al., 2012). Institutional barriers including a lack of specific policies and strategies to increase accessibility (such as a specific commitment to accessible design in public infrastructure) can further perpetuate these issues.

The 2012 National Census identified 1.62 million people with disabilities in Sri Lanka, aged 5 years and over (8.7% of the population) (Department of Census and Statistics, 2012). This included 43% males and 57% females. The most common impairment reported was vision (5.4%), followed by mobility (3.9%), hearing (2.1%) and cognition (1.8%). In Jaffna District, disability prevalence was found to be higher than the national average at 9.6%. Anecdotal evidence suggests disability rates in Jaffna are substantially higher than recorded in the Census, as a result of the extended conflict.

People with disabilities are amongst the poorest of the poor in Sri Lanka (Ministry of Social Welfare, 2003). The National Policy on Disability for Sri Lanka reports that the employment rate for people with disabilities is low (estimated at 16%), resulting in many people with disabilities being dependent on others for the duration of their life (Ministry of Social Welfare, 2003). Social exclusion and negative attitudes towards people with disabilities are

widespread, resulting in their exclusion from family outings and social celebrations such as weddings, community activities and festivals (Ministry of Social Welfare, 2003). Cultural beliefs associating disability and individuals who have disability with misfortune, and perceiving them as omens of bad luck also contribute to exclusion. Women with disabilities are often further disadvantaged compared to men with disabilities – education and employment rates are lower and poverty rates are higher (Ministry of Social Welfare, 2003). Women with disabilities also encounter stronger negative attitudes, leading to families becoming protective and in many cases over-protective, thus further limiting their inclusion in society.

### Policy context

The Government of Sri Lanka acknowledges the potential discrimination faced by people with disabilities and has enacted a range of laws, policies, and regulations to help overcome this. These include the Protection of the Rights of Persons with Disability Act, No 28 in 1996, the National Policy on Disability for Sri Lanka in 2003, and the National Action Plan for Disability in Sri Lanka in 2013. In February 2016, Sri Lanka also ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Article 28 of the CRPD focuses on the right of people with disabilities to an adequate standard of living for themselves and their families; including access to clean water services (United Nations, 2006). While the national disability law and policy include a broad commitment to accessibility, there are no specific commitments in relation to WASH.

With regards to physical accessibility, the Disabled Persons (Accessibility) Regulation No. 1 (Ministry of Social Welfare, 2006) stipulates that all public buildings and places be made accessible within three years of the operation of the regulations. This includes designs for accessible toilets. However, implementation of this regulation has been limited, particularly in relation to improving accessibility of existing buildings. In 2013, the Ministry of Health also released Design Considerations on Accessibility for Persons with Disabilities to address some gaps in implementation (Ministry of Health, 2013).

While there are a range of laws and policies in place to protect disability rights, implementation has been an issue. UNDP Resident Representative in Sri Lanka, Subinay Nandy (2015) notes that the absence of



institutional mechanisms to coordinate policy implementation, and absence of institutional monitoring processes are key contributing factors.

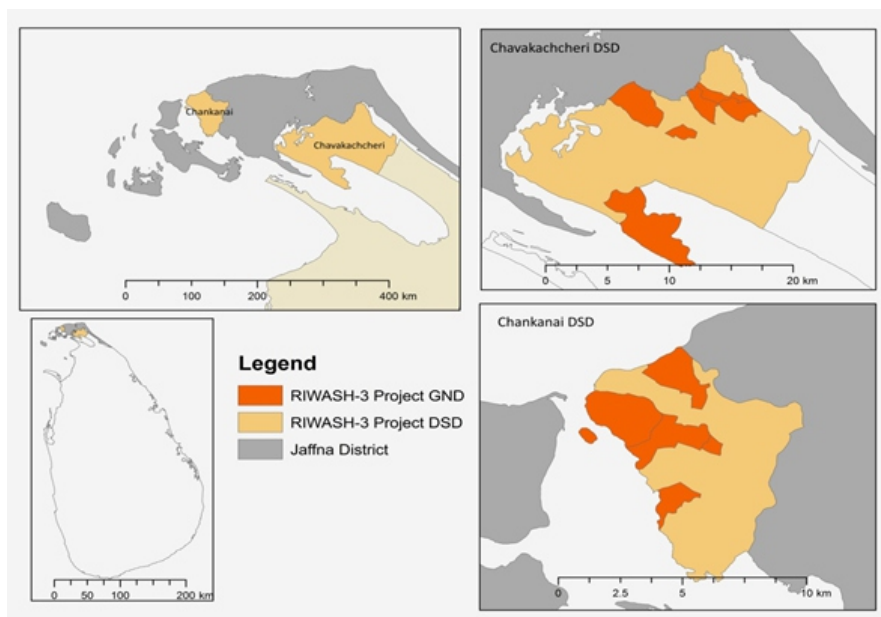
Within the WASH sector, the National Policy for Rural Water Supply and Sanitation (RWSS) and the National Drinking Water Policy both recognise that access to safe drinking water and sanitation are basic human rights and commit to supporting activities that lead to access for all citizens (Ministry of Urban Development, Construction and Public Utilities, 2001). While not specifically referring to disability, these policy commitments provide a good basis for inclusive and accessible design. The National Action Plan for the Protection and Promotion of Human Rights 2011-2016 (which focuses primarily on internally displaced people) also acknowledges that the environment, including water and sanitation, should be accessible to all, including people with disabilities (Government of Sri Lanka, 2011).

### World Vision Rural Integrated WASH 3 Project

World Vision is a Christian development organisation, with a long history of community empowerment and development in Sri Lanka including supporting large-scale rural WASH programs. World Vision has a strong commitment to social inclusion and seeks to ensure integration of marginalised and neglected members of the community into development programs.

Its approach to WASH is to work in partnership with local authorities and community organisations to support implementation of the RWSS policy. This includes providing capacity building support to district and local governments, the National Water Supply and Drainage Board, Disabled People's Organisations (DPOs), schools, and community based organisations. The support provided to these organisations includes resources, training, infrastructure, influencing, and advocacy to improve access of poor and vulnerable communities to water points, toilets and hygiene information.

The Rural Integrated WASH 3 (RIWASH 3) project is being implemented in Jaffna District, in the Northern Province, funded by the Australian Government's Civil Society WASH Fund 2. The five year project commenced in 2014, and aims to improve the performance of WASH actors to sustain services, increase adoption of improved hygiene practices, and increase equitable use of water and sanitation facilities of target communities from 11 Grama Niladari Divisions (GNDs) in Jaffna District in the Divisional Secretariats of Chankanai (CHK) and Chavakachcheri (CHV). The project focuses on the most vulnerable groups, including female-headed households and people with disabilities, to address inclusion issues in WASH design, implementation and management.



Source: Nagayam, N. 2013. *Rural Integrated Water, Sanitation and Hygiene 3 (RI-WASH 3) Baseline Assessment Report*, World Vision

Figure 1: Map of RIWASH 3 Project Location

To support disability inclusion within the project, World Vision has partnered with CBM Australia, an international Christian development organisation committed to improving the quality of life of people with disabilities in the poorest countries of the world. Within the project, CBM Australia has focused on building capacities of partners for disability inclusion, fostering connections with local DPOs, and providing technical guidance on disability inclusion within planned activities. World Vision is also partnering with the Northern Province Consortium of Organizations for Differently Abled (NPCODA) for disability assessment, technical support and capacity building on inclusion of people with disabilities in the project.

The project conceptualises disability using a rights based approach, guided by the CRPD. Article 3 of the CRPD states that people with disabilities include 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (United Nations, 2006). The project recognises that people with disabilities are citizens and rights holders, who must have the same opportunity to participate in society as others. Therefore, the society needs to change in order to eliminate physical, communication, attitudinal and institutional barriers.

### Context in the project area

Jaffna Peninsula is over 1100 km<sup>2</sup> in area and has a coastline of 160 km. The district's economy is predominantly based on agriculture. Ground water is the main water source and is used for domestic, agricultural and industrial purposes. Although 70% of households in the project area have toilets, up to 50% of them are not used due to lack of water, maintenance and habits. Open defecation is therefore common, however this poses privacy and security concerns, particularly for women at night (World Vision, 2013).

The social fabric of the district is enriched by cultural values, religious beliefs and traditions. Caste and the related divides in the social structure play a key role in influencing the community relationships within this district. This research did not set out to understand the barriers related to caste and how they intersect with other inequalities, although it is acknowledged that this is an area where further

research would be beneficial.

A gender analysis conducted by World Vision in 2014 in CHK Division found that women are commonly responsible for domestic work and childcare, while men are primarily responsible for economic activities. Although the onus of fetching water generally falls on women, in some families this responsibility is shared by men (World Vision, 2014). People often need to walk 1-2 km to reach a water source, sometimes further. During rainy season, water sources are much more difficult to access due to muddy roads.

There are a large number of female-headed households in the north of Sri Lanka as a consequence of the recent civil war. In these households women are responsible for both economic and domestic activities, placing them at increased risk of poverty (World Vision, 2014). Decision makers in families tend to be fathers and male children. Males also tend to dominate village committees, although the introduction of separate women's development committees has increased women's participation and has supported their empowerment. However, these measures are not without risks as gender based violence is common. Some incidents have been reported of husbands assaulting their wives for participating in village committees as this takes them away from other domestic or economic work (World Vision, 2014).

A baseline assessment was completed by World Vision in March 2015 to inform project implementation and establish an evidence base for measuring change. Given the project's focus on disability inclusion, a key part of it was to assess the policy context, and identify the extent to which people with disabilities had access to WASH in project areas and whether this required assistance from family or special arrangements to be made. To supplement this baseline, in early 2016, World Vision funded an additional in-depth assessment of disability, which was completed by NPCODA. This aimed to explore the opinions and experiences of people with disabilities, community members and government officers in relation to access to WASH for people with disabilities. This article reports on the results of both these studies in relation to people with disabilities and draws some conclusions and recommendations to inform inclusive WASH practices in Sri Lanka.

## Methodology

### Baseline assessment

The RIWASH 3 baseline assessment adopted a mixed methods approach, collecting both qualitative and quantitative data from primary and secondary sources. This sought to: identify current practices for WASH coordination, management and governance in the project areas (supply); identify current

community participation, capacity and ownership in the WASH sector (demand); and conduct an analysis of social inclusion, environmental factors and knowledge management. Table 1 provides an overview of the data collection methods and sample size.

The household questionnaire was administered in Tamil using mobile technology. Questionnaires were

**Table 1:** Baseline assessment data collection method description, type and sample size

Description	Type	Sample size
Literature review	Qualitative	-
Key informant interviews with change agents (individuals identified by the project who are committed to provide hands -on support for health, sanitation and hygiene promotion in their communities) representing the supply side aspects of WASH	Qualitative	14
Workshops with change agents and community representatives (one each in Jaffna, CHK and CHV)	Qualitative	3
Face-to-face household questionnaire with households in the project target locations – rural and urban populations	Quantitative	810
Face-to-face household questionnaires in non -project locations representing both rural and urban populations (control group)	Quantitative	165

*Source: Compiled from Nagayam, N. 2013. Rural Integrated Water, Sanitation and Hygiene 3 (RI-WASH 3) Baseline Assessment Report, World Vision Australia*

designed, field tested and fine-tuned prior to use. Purposive quota sampling was adopted for the project locations (11 GNDs) based on lists obtained from Government of Sri Lanka officials. Random sampling was used for the control group. Data collection was conducted by 25 enumerators (including six enumerators with disabilities) and 16 research assistants, who completed comprehensive training prior to field work. Field work was undertaken from January – March 2015.

The questionnaire included questions related to household demographics, access to water and sanitation, and hygiene behaviour. The Washington Group Short Set of Questions on Disability,<sup>1</sup> which focuses on difficulty in performing six basic functions such as seeing, hearing and walking, was used to

identify people with disabilities within the household. An additional question regarding difficulty with using hands was added to the standard Short Set, given the relevance of this to WASH access. Questions were then asked as to whether each person identified as having difficulty performing a basic function was able to access the water and sanitation facilities used by other household members and if yes, whether they required assistance to do so. Key informant interviews and workshops also included questions on disability – specifically regarding awareness of the National Disability Policy, level of acceptance of disability and level of awareness about disability in WASH design, implementation, and management. Only results related to disability are reported here.

<sup>1</sup> See <http://www.washingtongroup-disability.com/> for more information

## Limitations

Field work was not entirely independent as enumerators were recruited, managed and quality checked by World Vision and were from the target GNDs. The Washington Group Short Set of Questions on Disability and other questions related to WASH access were answered by one household member (the survey respondent) on behalf of other household members. This may have affected the results as subsequent studies (Danquah and Wilbur, 2016) have shown that questions asked alone to the household head in a household survey may not provide an accurate reflection of the needs of vulnerable members of the household. In addition, the structure of the survey was such that not all survey questions could be disaggregated by disability status, which limited the extent of analysis possible.

## In-depth disability assessment

The in-depth assessment was carried out from January – May 2016. Its goal was to explore the opinions of people with disabilities and other community members on inclusion of people with disabilities within WASH activities and the accessibility of WASH facilities. This helped increase understanding of current levels of accessibility to WASH services by people with disabilities and the barriers and enablers for this. Five workshop discussions were conducted in Tamil, involving people from the 11 GND of CHK and CHV where the project will be implemented. This included a total of 141 people (see Table 1), including 63 people with disabilities and 78 people without disabilities, including both males and females, and parents of people with intellectual or psychosocial disabilities. The workshops were facilitated by both people with and without disabilities. Ten government officers

Table 2: Demographics of sample for in-depth assessment workshops

Workshop	Grama Niladari Divisions	Women with disabilities	Women without disabilities	Men with disabilities	Men without disabilities	Total
1	Karampaikurichchi Navatkadhu Varani Iyattalai	3	15	10	2	30
2	Thanankilappu	5	10	4	2	21
3	Mattuvil East Sarasalai North	3	9	9	7	28
4	Ponnalai Chulipuram East	6	13	8	3	30
5	Moolai Vattu West Arali West	11	4	5	12	32
	<b>Total</b>	<b>28</b>	<b>51</b>	<b>36</b>	<b>26</b>	<b>141</b>

Source: Northern Province Consortium for Differently Abled (NPCODA). 2016. In-depth assessment on disability. Unpublished report.

working on issues related to WASH and disability in the project areas were also purposively selected for key informant interviews. These key informant interviews were conducted by a person with

disability.

A questionnaire involving 48 questions was used to guide the workshops. This was developed in English



(with technical input from CBM Australia) and then translated into Tamil. An interview guide was prepared with 11 questions to guide the key informant interviews. Qualitative data analysis was led by NPCODA, which involved analysing the most common opinions and alternative opinions of the workshop participants in relation to each question. CBM Australia facilitated a supplementary thematic analysis with NPCODA representatives in November 2016, to assist in drawing key findings and themes from the research, and in exploring gender-related findings in more detail.

### Limitations

The workshops were large in size, and no discussions were split into gender-specific groups, which may have affected what women and men were willing to share. In addition, gender-specific questions were not directly asked during workshops, which led to limited information on gender being recorded in the assessment. Reflection on the gendered nature of findings was therefore, primarily done through discussions between CBM Australia and NPCODA during the thematic analysis.

## Results

### Baseline assessment

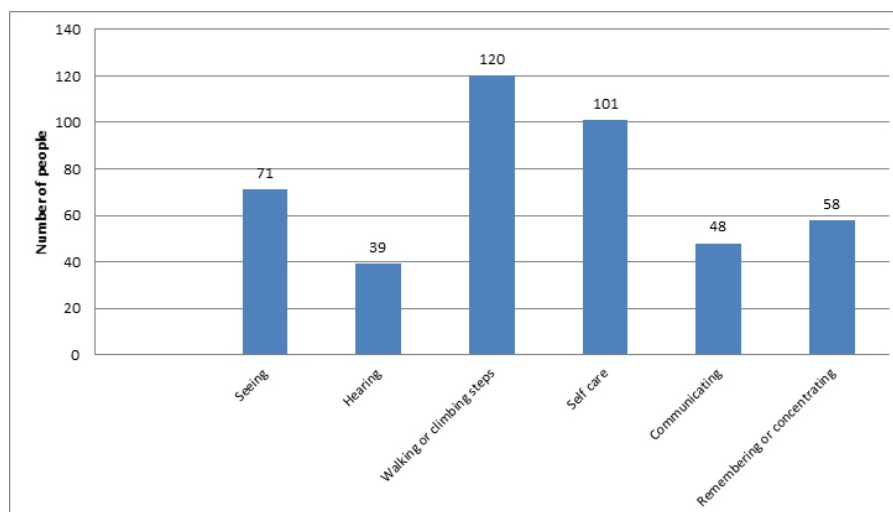
#### Household survey

810 households participated in the survey in project

areas. Surveyed households (with and without people with disabilities) reported very high levels of access to secure/clean water (91% in CHK and 78% in CHV). The extent to which water accessed is “secure or clean” needs further investigation as the most common source of drinking water was an unprotected common well, which was classified by the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation (2015) as an unimproved water source and 52% report not treating drinking water before consumption.

A majority of the surveyed households (75%) claim to have flush/pour-flush toilets. Nevertheless, discussions revealed that in most houses, the existing toilets do not meet acceptable toilet standards as reflected in national and international regulations. These toilets are not maintained in terms of cleanliness and the solid waste generated is not managed properly. Rates of open defecation were reported to be quite low at 4.81%, however discussions revealed that people might be hesitant to report this due to potential impact on caste or community rejection.

There were 388 people with disabilities identified among the households surveyed, including 174 in CHK and 214 in CHV, and some of those who were identified had multiple difficulties.<sup>2</sup> Of those reporting difficulties, the most common type of difficulty reported was walking or climbing steps



Source: Compiled from Nagayam, N. 2013. *Rural Integrated Water, Sanitation and Hygiene 3 (RI-WASH 3) Baseline Assessment Report*, World Vision Australia

Figure 2: Number of people with disabilities identified within the 11 Grama Niladari Divisions

<sup>2</sup> Note: people were classified as having a disability if they reported “yes – very difficult” or “cannot do at all” to at least one of the Washington Group Short Set questions.

(22.35%), using hands (22.35%), followed by self-care (18.8%), seeing (13.22%), remembering and concentrating (10.8%), communicating (8.94%) and hearing (7.26%) (See Figure 2). Rate of difficulty also increased with age, with 290 people (75%) out of those identified with disabilities over the age of 55 years.

In relation to access to WASH, many people with disabilities required family members to provide assistance in order to facilitate their access. In some cases special provisions were made to enable access (more so in CHK than CHV) however this was uncommon (see Table 3).

**Table 3:** Method of accessing WASH for people with disabilities

	<b>A member of the family helps</b>	<b>Special arrangements are made for easy access</b>	<b>No difference, access same as others<sup>3</sup></b>	<b>Other</b>	<b>Total</b>
Access to water	40.7% (158)	3.1% (12)	54.4% (211)	1.8% (7)	388
Access to sanitation	23.7% (92)	4.1% (16)	69.8% (271)	2.3% (9)	388
Access to hygiene (handwashing)	27.1% (105)	1.8% (7)	70.9% (275)	0.3% (1)	388

*Source: Compiled from Nagayam, N. 2013. Rural Integrated Water, Sanitation and Hygiene 3 (RI-WASH 3) Baseline Assessment Report, World Vision Australia*

### Key informant interviews and workshops

Key informant interviews and workshops were held with government representatives, school officials, community based organisations and community

representatives. These covered a broad range of topics relevant to the supply and demand of WASH. A range of issues relevant to gender and disability were highlighted during these discussions. Those of most relevance are outlined in Table 4.

**Table 4:** Perceptions of people with disabilities and issues related to WASH access

<b>Topic</b>	<b>Perceptions</b>
<b>Women's role</b>	The role of women includes family care, involvement in income generating activities and water collection. Most women work, and this is not restricted to female –headed households. There are also a few who have to work as the husband has a disability or is unable to work.
<b>Collecting water</b>	Sometimes people need to walk for longer distances in order to collect potable water, which is sometimes even collected from the agro well. This was reported to be difficult for people with disabilities. Standing in queues at the water source was also reported to be difficult for people with disabilities. In addition it was felt that it is not safe for women to go far from their homes to collect water.

<sup>3</sup> Note: this does not necessarily mean access to safe water, sanitation or hygiene as in many cases, the household may still practice open defecation or access from an unimproved source.

<b>Sanitation – lack of accessible latrines</b>	<p>A case study was provided where both husband and wife had mobility impairments and were provided an inaccessible toilet by an external project. The wife uses that toilet with great difficulty and the husband opts for open defecation.</p> <p>With regards to school latrines, according to the government policy, all new school buildings are designed to be accessible for people with disabilities but many toilets still remain inaccessible. In some cases it was reported that teachers help students where accessible facilities are not available.</p>
<b>Sanitation – gender differences</b>	<p>Culturally, it is not acceptable for women and girls to practice open defecation, and therefore those with disabilities try to manage with inaccessible toilets.</p> <p>Men with disabilities tend to manage (open defecation) alone, but women find it difficult to go to the forest, as they need support from the family members. Due to these reasons there are incidents where women avoid food.</p>
<b>Hygiene – impact on family</b>	<p>At times, members of the family have to care for those with disabilities by attending to all their hygiene needs. For rural communities, this has had an impact on their income, as everyone in the household is required to work to sustain the family.</p>
<b>Knowledge of hygiene practices</b>	<p>Self-care knowledge is lacking in most instances. A lack of training programs in this area is a gap in the system of social and medical rehabilitation.</p> <p>Training programs for children are available, which include use of soap, hand washing and toilet use, however it is unclear whether children with disabilities are included in these. Care givers require training on how to support people with disabilities.</p>
<b>Attitude towards people with disabilities</b>	<p>People with disabilities should be included in all development activities: not only those who acquired disability during the war, but also those who are born with disabilities. It was stated that the former have a higher status and gain more attention.</p> <p>There is rejection of people with disabilities at many levels, including within their own families. For example, it was noted that a mother will support a child born with a disability, but no one else in the family would do the same.</p>

*Source: Compiled from Northern Province Consortium for Differently Abled (NPCODA). 2016. In-depth assessment on disability. Unpublished report.*

### In-depth disability assessment

Through conducting a thematic analysis of the data from the in-depth disability assessment report, NPCODA arrived at the following key findings:

1. Almost all women experience challenges in accessing WASH facilities and services, however women with disabilities experience increased and additional barriers in enjoying their WASH rights.

Women with disabilities are at an increased risk of mockery, sexual harassment and sexual abuse while accessing WASH facilities that are located outside their household premises.

2. People with disabilities experience many challenges accessing WASH facilities. It is particularly difficult to access WASH facilities in public places, but difficulties at home in accessing WASH facilities are still very

significant.

People with disabilities have little or no access to WASH facilities when out in public. In addition, most people with disabilities do not have accessible toilets at home. There are some cases where people with disabilities have made small modifications to their toilets, but where this is not possible, they defecate in the open. Due to an increased risk of falling over on the way to the WASH facility, it is common for some people with disabilities to be escorted by others.

It was reported that only some people with disabilities have good hand washing habits. The assessment also found that people with disabilities had difficulties accessing hygiene information. In some cases, family and community members block information from reaching them.

3. Providing inclusive WASH environments is a collective responsibility.

It is the view of Government and people with disabilities that Non Government Organisations (NGOs), Community Based Organisations (CBOs), Health Sector Officers, teachers (both preschool and school) and families all have a role to play in supporting disability inclusive WASH.

4. There are institutional gaps relating to disability inclusion, in particular the promotion of inclusive WASH at the Grama Niladari Division, District Secretariat Division and provincial level.

The assessment found that there are no disability inclusion policies, strategic plans or action plans at GN and DS divisions, districts or provincial levels. Similarly, there are no policies on disability inclusive WASH.

5. People with disabilities have less access to their rights and to opportunities. In particular, they are not involved in decision-making processes.

The assessment found that people with disabilities found it hard to participate in decision-making activities related to WASH at the family and community level. In addition, people with disabilities experience

discrimination due to the perception of the community that they have lower physical and intellectual abilities than others in the community.

6. People with disabilities experience challenges to meaningful participation in their community. In particular, women with disabilities experience more barriers to social inclusion than men with disabilities.

While some community members felt that people with disabilities should be active participants in community events, there was still a cultural stigma according to which they were considered inauspicious. As a result, they are often ridiculed at public events.

It was also noted that women with disabilities face increased barriers to participating in community events. This is due to lack of self-confidence, not being invited frequently, the distance and transportation required to attend the event, and the presence of very few accessible public toilets.

## Discussion

The findings from the studies have helped in developing an understanding of the complex interaction of factors preventing people with disabilities from accessing WASH in northern Sri Lanka, and its impact on their lives. By understanding and addressing these barriers, policy-makers and WASH programs can have a real impact on improving the lives of people with disabilities.

### The impact of not having access to WASH facilities

While some people with disabilities require assistance due to the nature of their impairments, the baseline study reported that these high rates of family assistance could be a direct result of the low rates of modifications to WASH infrastructure enabling easy access. This reduces the autonomy and dignity of people with disabilities and perpetuates the perceptions of family members that people with disabilities have low capacity. It was also reported that assistance and caring responsibilities restricts family members from engaging in economic activities or other tasks.

The impacts of not having access to WASH facilities were found to be different for men and women, and appeared to be more pronounced for women. The



studies revealed that in some cases where people with disabilities are unable to access the household latrine they are forced to practice open defecation, which was deemed to be particularly inappropriate and unsafe for women. In some instances, this has led to women using inaccessible latrines despite the difficulties encountered, and in one case not consuming food in order to prevent the need to defecate. When people with disabilities ventured outside the household to undertake WASH related tasks, they reported being subject to teasing and ridicule. While this was reported for both women and men with disabilities, women were more often subjected to sexual harassment or abuse.

The studies also reported low community participation and inadequate involvement of people with disabilities in decision-making processes which is consistent with what has been reported in the National Policy on Disability. Lack of accessible public toilets and negative community attitudes resulted in people with disabilities staying within their homes thus contributing to their low community involvement. This further results in people with disabilities not being able to share their needs with the community or contributing to decision-making with regard to the location and design of WASH facilities. This is a major institutional barrier, which needs to be addressed in order to strengthen accessibility. Lack of accessible WASH facilities within schools was also reported to be a significant factor in children with disabilities not attending school.

In relation to hygiene, lack of information sharing by families on hygiene issues with people with disabilities along with their lack of community participation suggests that they are likely to be missing out on important health promotion messages. This suggests that WASH programs need to specifically target people with disabilities for hygiene promotion activities to ensure they are included.

### RIWASH 3 interventions

Through World Vision's partnership with CBM Australia and NPCODA, the project has been able to implement a disability inclusive approach. This has focussed on strengthening the capacity of NPCODA, advocating about the importance of disability inclusive WASH in divisional, district and provincial level governments, creating awareness of disability rights with stakeholders, and supporting the provision of public and household accessible toilets

to selected people with disabilities.

Representatives from NPCODA have been included in district and local government steering committees and WASH civil society organisation committees, where they are able to draw attention to the needs of people with disabilities and share their perspectives. World Vision has also committed to ensuring hygiene promotion material is available in accessible formats (such as audio, large print etc), and recently partnered with DeafLink to produce a hand washing video that features sign language.

To date, 22 accessible household toilets have been built for people with mobility impairments, with an additional 16 toilets built for people with non-mobility related impairments. In addition, three accessible public toilets have been built in the districts. RIWASH aims to build 65 toilets for people with disabilities by the end of the project period. RIWASH 3 will continue to seek opportunities for further inclusion of people with disabilities in response to these studies and monitor their involvement in the project.

### Recommendations

While the findings from these two studies are specific to a local area in Sri Lanka and were designed primarily as a baseline for the RIWASH 3 project, many of the actions needed to respond to the barriers identified require involvement and commitment from multiple stakeholders at local, district and national levels. Findings from these studies can also be used to inform the design of other WASH programs in Sri Lanka and more broadly in other under-resourced settings.

In order to address the barriers identified, governments, WASH programs, DPOs and other community organisation need to work together. Priorities include improving the physical WASH infrastructure, challenging negative community attitudes and ensuring that people with disabilities are targeted for hygiene promotion messaging and that messages are presented in accessible formats.

### Government policy makers and institutions

- There is already broad policy level commitment to inclusive WASH in Sri Lanka through statements that highlight the importance of access to all citizens. This should be strengthened by explicitly acknowledging the difficulties faced by

people with disabilities in accessing WASH facilities, and should be accompanied by a commitment to universal design of public WASH infrastructure. This would also benefit other members in the community such as the elderly, pregnant women and children.

- There is a need to revise existing 'guidance on requirements for accessible design' in Sri Lanka and differentiate between the required approach for public WASH facilities (which should adopt universal design principles) and private facilities (where a more targeted design is appropriate). This should include considering the cost-effectiveness of design options, as the cost of current approved accessible designs are sometimes prohibitive for households.
- Specific budget allocation should be made at sub-national/district levels to cover the costs of universal design features in public WASH facilities, to provide support for construction of accessible household latrines (designed in consultation with families) and to ensure public-funded hygiene awareness activities are accessible for people with disabilities.
- In line with the CRPD, DPOs should be consulted and involved in the development of policies and government action plans to ensure that their perspectives are included. This should include representation in WASH planning or steering committees at division, district, provincial and national levels.
- Existing data collection processes used to monitor access and use of WASH at a household level should be adapted to pay particular attention to intra-household differences in access to WASH and be disaggregated by disability. The Washington Group Short Set of questions on disability can be used for this purpose but they ideally should be asked to individuals within households rather than heads of households.

### WASH program implementers

- Community-based WASH programs should be designed with the goal of reaching all people within a community, acknowledging that some will have specific requirements in order to enable their access to WASH, which need to be identified and addressed. This should include a commitment to universal design of public WASH infrastructure.
- WASH programs should specifically seek to identify people with disabilities in communities so that targeted support can be provided throughout the program. This can be achieved through partnering with DPOs, using baseline surveys to identify people with disabilities (see discussion above on use of the Washington Group Short Set) and through snowball sampling.
- Once identified, programs should specifically invite people with disabilities to participate in WASH community consultations and planning processes, which can also be used to raise awareness of the importance of ensuring all people in the community benefit from the program. In addition, given that people with disabilities often do not participate in community events, budget and time should be allocated for staff to travel to their homes to seek their involvement and to distribute information. This can also be used as an opportunity to refer people to relevant health or rehabilitation services, if needed.
- Wherever possible, people with disabilities should be encouraged and supported to actively contribute to program implementation. This could include for example, participating in WASH management committees, as enumerators for baseline and endline surveys, and in hygiene promotion activities. This not only ensures their perspectives are considered, but also demonstrates the capacity of people with disabilities, which can be a powerful way of challenging negative attitudes.<sup>4</sup>
- The additional needs of women with disabilities should be considered and

<sup>4</sup> People with disabilities were engaged as enumerators in the baseline assessment for the RIWASH 3 Project. They reported that this increased their self-confidence and helped to challenge attitudes that people with disabilities were not capable.

prioritised throughout WASH programs. Ensuring active consultation with women with disabilities on the design and location of WASH facilities will ensure that they are not forced to undertake unsafe sanitation and hygiene practices.

## Conclusion

These studies have highlighted the complex range of barriers faced by people with disabilities, and particularly women, in accessing WASH facilities in northern Sri Lanka and the impact it is having on their lives.

By investigating these challenges and partnering with people with disabilities to develop culturally appropriate and cost effective solutions, the RIWASH 3 Project is working hard to ensure no one is left behind in benefiting from increased access to WASH in the project areas. However, the majority of people with disabilities in Sri Lanka are not living in the RIWASH 3 project target areas and broad systemic change is needed to address these issues at a national level. While broad policy commitment exists to ensure that all people in Sri Lanka have access to WASH, government institutions and community programs must work together to ensure these commitments become a reality across Sri Lanka.

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