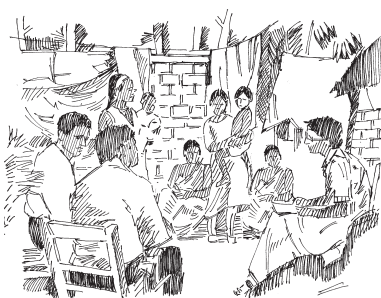


Chapter 8

Implementation in practice



This chapter presents a range of ideas for where and how to start doing something in practice. It is mainly for planners and implementers of services that are relevant to disabled people, including:

- WATSAN professionals who would like to include a disability perspective in their projects and programmes.
- Professionals providing services to disabled people, such as CBR workers or social welfare officials, who would like to include a WATSAN perspective in their work.
- Members of DPOs who, although not service providers, have a consultation and advocacy role.

Each of these groups works in different ways when it comes to practical service delivery. For the WATSAN sector, the lowest 'unit' of implementation tends to be the community level, such as a village or subdivision of a peri-urban area.

Disability service providers work most commonly at household level, with individual disabled people and their families, and less commonly with communities. There are exceptions, such as on issues of educational inclusion, and attitudes, but this is generally the picture.

All approaches are needed, but all don't have to do everything. Their different ways of working complement each other. The majority of disabled people could be catered for with more inclusive WATSAN services. For a minority with complex individual needs an individualised approach is required, which is more likely to be undertaken by the disability sector. There will always be the need for some level of individualised approach, but in the long-term, as WATSAN facilities become more inclusive, this need will reduce.

8.1 Taking a learning approach

Very little is currently known about the best ways to include disabled people in WATSAN, so learning needs to be built into any development of practice. This can be done by collecting

information, and carrying out action-research to pilot practical solutions.

Pilot projects can provide the opportunity for agencies to try out new activities and approaches on a small scale that are within their existing programme framework and capacity, requiring minimal external input. If pilot projects are implemented collaboratively between WATSAN and disability sectors, they can also be a way of learning about collaboration with an unfamiliar sector.

Information and learning from pilot activities should be shared. This can help draw attention to disability-related issues, encourage more agencies to undertake similar activities, and stimulate further planned implementation.

If several agencies are involved, there is a risk that pilot activities remain small and undocumented, and any learning from them is lost. Co-ordination is therefore needed to ensure that experience and learning are documented and shared, and can be applied and built on by other agencies.

The primary responsibility for taking a lead on this issue clearly lies with the WATSAN sector. However, DPOs have a key role in advocacy, information dissemination, and consultation on WATSAN issues that affect them. DPOs therefore need to learn from each other about effective ways to advocate for accessible service provision.

- Establish a lead agency – preferably WATSAN – with responsibility for co-ordination, monitoring and dissemination of information about the work.
- Establish the involvement of a major representative DPO, with an advisory/ consultation role.
- Collaborate to develop strategies for piloting and action-research.

8.2 Implementation by the water supply and sanitation sector

It is not necessary to wait for policy and strategy to be in place before starting practical activities. Implementation can begin from any starting point, depending on the interests and skills of the agency involved.

National level policy and strategy

Disability must be recognised and included at national strategy and project design levels, otherwise no resources

will be allocated to it (1). So far there is no model strategy for including a disability perspective in WATSAN. However, several key principles should be considered.

Inter-sectoral collaboration

Discussion and collaboration with the disability sector, i.e. DPOs and disability service providers, are likely to be a challenge, as there may have been little or no previous contact. However, it is essential to any effective development in this area.

Each sector needs to see how their own work fits into a broader context, to recognise different perspectives on an issue, and to value the knowledge and expertise of other sectors. It is useful for the WATSAN sector to gain an understanding of disabled people's issues and needs.

Discussions on the development of strategies that affect disabled people should involve disabled people and their representatives from the outset.

- Develop contacts with DPOs at national level.
- Organise a forum or workshop to bring both sectors together, to exchange information and discuss issues raised.
- Ensure that an organisation with a focus on disabled people, preferably controlled and managed by disabled people (i.e. a DPO), is represented in any consultation process, committee or advisory board. Where possible, involve representatives of disabled women in their own right.

Planning for success

It is not necessary to wait until all relevant agencies are involved before starting practical initiatives. Begin with agencies that are interested, however few, with representation from as many relevant sectors and stakeholders as possible, including government, NGOs and private sector. The involvement of a respected organisation from each sector will provide a 'stamp of approval' that will attract other agencies later.

The process of practical implementation will generate interest and participation from a wider audience, as they recognise its relevance and benefit to their own work. It will show what is (and is not) possible, and provide starting points for action.

- Create opportunities at all stages of the development of pilot implementation for more agencies to become involved.

- Share information about practical implementation at regular intervals to generate interest among relevant agencies.

Tap into relevant initiatives and opportunities

Disability inclusion needs to be seen as an integral part of WATSAN service provision, and not develop as a separate and distinct set of projects. In order to avoid this separation, relevant initiatives and trends need to be identified that provide an opportunity to include the issue of disability. For example:

At national level

- Poverty Reduction Strategy Processes: DPOs and disability agencies need representation not only on Task groups dealing with social welfare and social protection, but on all Task groups, including WATSAN.
- Country targets on sanitation, such as the one in Bangladesh, which has recently agreed a target of 100 per cent sanitation by 2010.
- Encourage alliances over common issues of access and equity among representatives of different marginalised groups, such as DPOs, Gender Water Alliance, Associations of the Elderly and others.

At institutional level

- International and national organisations that are increasing their focus on issues of equity and access, including reaching people living in chronic poverty.
- International and national organisations carrying out policy/strategy planning and development activities at organisational level.
- Data collection activities, such as community baseline surveys.

Organisational issues

For individual organisations, a logical starting point is to look at one's own organisation and identify the current capacity and status of disability within it*. Staff at all levels of the organisation may have little understanding or experience of disability, and may therefore be unaware of possible solutions to accessibility. Misinformation and fears about disabled people may be widespread, which can also contribute to negative attitudes among staff.

However, the institutionalised practices of organisations can contribute to discrimination and exclusion, as much as the behaviour of individuals. If the way an organisation is

*** See examples of how this has been done on an international scale by the World Bank (2), or DFID (3), or at a local project level (4).**

run excludes disability issues, the actions of individuals are unlikely to lead to lasting change.

Suggestions

- Appoint a person with responsibility for taking a lead on disability (this does not mean that s/he has to do everything). This person must be senior enough to be able to make decisions, including planning and budget allocation.
- Carry out a disability 'audit': Invite someone from a DPO or disability service provider, or a disabled person from the local community, to help look at the issue of disability in the organisation. This might include looking at policy/strategy, office practices, physical facilities, or a specific project. For example, go round the office or project site, look at which existing facilities and activities are accessible to disabled people and which are not. Identify how facilities could be upgraded or adapted, and how activities could be made more inclusive. (The questions in Box 8.4, and in Appendix 3 could provide a framework for issues to look at).
- Learn and implement the disability policy of the organisation or donor agency.
- Make contact with agencies that can provide Disability Equality Training for staff, ideally by disabled people. In countries where disabled people have not yet developed this capacity, this should be an organisation that has a rights-based or socially inclusive perspective, rather than a medical or welfare focus.
- Initially, existing training materials could be used. In the long-term, training should be developed which would incorporate the practical expertise of the engineers with a rights-based approach from the disability equality trainers.
- Develop accessible and inclusive standard designs in collaboration with disabled people: adapt existing designs, construct and pilot their use.
- Organise an access audit of your office and training facilities, *including the toilets*. This should be done in consultation with disabled people locally, using a locally devised audit framework.
- Hire qualified disabled people into your organisation as field staff, consultants, trainers, and administrators.
- Provide ongoing opportunities for staff to build relationships with disabled people that will lead to changed attitudes and real partnerships.

For a list of disability policies of major donor agencies, see Appendix A1.5, page 260.

For examples of training materials on disability inclusion, see Appendix A1.6, page 262.

For examples of access audits see Appendix 4 on page 281 and UNESCAP Community Accessibility Checklist (5).

Project/ programme cycle

At a project or programme level, it may not be clear what steps to take first, what information and skills are needed, and who needs to be involved. It is better to try something, even if it is not perfect, than to do nothing.

There are different models and frameworks for the implementation of infrastructure projects, but all are likely to involve a series of stages: feasibility, design (i.e. preparation and planning), implementation (mainly construction of facilities), operation and maintenance, monitoring and evaluation.

Project design is when it is most crucial to consider disability. This is the stage which provides an opportunity to incorporate a range of proactive measures into the project/ programme to address disability issues (6). The monitoring and evaluation stages are also important, to eventually assess the impact of those measures on disabled people.

Project design stage

The design stage of a WATSAN project involves deciding what the project will do, and how it will do it. Project design is based partly on technical considerations, and partly on communication and negotiation with the community the service is intended to benefit.

Making alliances for inclusive approaches

1. Identify and get to know relevant local and national agencies with an interest in inclusive and accessible services, including DPOs, parents' and elderly people's associations, and agencies that work with disabled children, adults and the elderly, including relevant government departments.
2. Identify issues of common interest, and areas for potential collaboration and exchange.
3. Where a local DPO exists, ensure that it is represented during any planning and project design, and participates in decision-making wherever appropriate. This should ideally be a cross-impairment DPO, whose members include people with different impairments*. Disability service providers and social welfare organisations can also provide useful input.

* Like many NGOs, DPOs vary in their capacity, and how far they represent the views of all disabled people. You may need to make an extra effort to contact more marginalised disabled people, such as disabled women, children, those in rural areas, and people with communication difficulties.

Review existing information

1. Before embarking on a large information-gathering exercise, it is worth checking with other organisations,

such as relevant government agencies, DPOs, or disability service providers, whether some of the information needed for project design already exists. This will save time and resources, and large surveys, which may not be the best option (Box 8.1). It will also help to promote inter-sectoral communication.

2. Make reference to relevant government policy and strategy, such as:
 - WATSAN policy and strategy, and the status of vulnerable and underserved groups in those strategies;
 - Relevant disability legislation and policy where it exists;
 - The UN Standard Rules should also be referred to, as they provide a useful framework for disability rights (7)
3. Establish the size of the problem. Accurate information is useful for planning and programme development. Where background data on demographic, social, economic, cultural and institutional aspects are being collected, these should also include information related to disabled people, the elderly, and other marginalised groups in the project area/s. First check whether this information already exists elsewhere (see point 1 above).
4. Include disability-related data as part of each relevant area. For example, data on women should identify the number of disabled women, data on households should identify the number with a disabled person, data on poor households should identify the number of poor households with a disabled person, and so on.
5. Disabled people are not all identical, so disability data needs to be differentiated to identify disabled women, disabled girls and boys, disabled elderly women and men, people with different types of impairment, and levels of poverty.

Box 8.1. The problem with surveys

Large surveys tend to be costly, and bring only minimal benefits to the people surveyed. Disabled people have long experience of being surveyed and counted, but then seeing no benefits (8).

At the same time, official statistics on disability are often inadequate. In Bangladesh, the 2001 National Census found that the prevalence of disability is 0.8 per cent*, and that less than 0.4% of children are disabled (9). But a recent Actionaid survey found that this figure was nearer 14% (10).

Until more accurate and reliable data are produced, the official low figure will continue to reinforce the assumption by service providers that disability is an insignificant minority issue.

The challenge is to produce data that present an accurate picture of the size and nature of the problems facing disabled people, that are useful for advocacy, and for practical planning and strategy. In order to produce data that will be accepted by all key stakeholders, agencies need to collaborate and share, not only the results of data collection, but also criteria and methodologies used.

Frameworks such as WHO's 'ICF – International Classification of Functioning, Disability and Health' (11) can be useful in developing accurate and consistent data collection.

* Figures not yet published.

Consultation and assessment

A community-level baseline survey is commonly carried out, often followed by a community consultation exercise, to identify local problems and priorities, vulnerable households and the level and type of demand for services. This should involve participation from community members. The following suggestions could help to make this more inclusive and enable the views of disabled people to be heard.

1. Develop collaboration with DPOs and disability/social welfare organisations: contact them when recruiting project staff or volunteers, for example, or consult them on the design of needs assessments.
2. Include representatives of disabled and elderly people in training for community members on how to conduct community and household needs surveys and assessments.
3. Draw on existing informal and formal support networks of disabled and elderly people at community level to gather information. Other useful networks could be parents' groups, health clinics, social centres, schools for disabled children, places of worship and community programmes.

4. Include questions in baseline surveys to find out the prevalence and types of impairments, level of isolation, vulnerability and functional limitations. Use or adapt available checklists or assessments (see page 137, Household level assessments, and Appendix 5, page 283).
5. When carrying out participatory consultation activities, such as focus group discussions, give elderly and disabled people the opportunity to discuss in small groups. Where appropriate, organise groups of disabled women separately from disabled men, elderly women separately from elderly men, and encourage older disabled children to speak on their own behalf. In this way, they can gain confidence before sharing with the wider community. Mixed discussion groups should also be held, so that others are also made aware of the problems and views of vulnerable groups.
6. Participatory processes and tools can be modified to make them accessible to people with a wide range of impairments. Use simple ranking and mapping tools to identify disabled and other vulnerable people in a community, and to enable vulnerable groups to identify and prioritise their own needs.
7. When presenting information, use a range of formats: verbal, written and tactile. Written materials should be clear (large black lettering on pale background) and use straightforward concise language, such as key words and phrases. These should be read out for the benefit of visually impaired people. Use objects that blind people can touch, such as a relief map of a village, or pebbles, beans or shells for ranking exercises.
8. Consider disability issues when assessing resource requirements and availability. (Disabled people themselves should be seen as a resource).
9. Set realistic time-frames to allow for a participatory process.
10. Check whether or not disabled women, children and men are present, included and actively participating in consultation and assessment activities. If not, find out what is preventing them, and try different solutions.

Solutions to physical barriers to mobility

11. Make meeting places as accessible as possible: use ground floor rooms, or open areas without steps, or add a mobile ramp for temporary access; provide enough space for a wheelchair or other mobility aids to enter and turn.

12. Consider locating meetings and other events near the homes of the least mobile participants, or in locations where disabled people meet.
13. Make sure accessible toilets are available, or an acceptable alternative.
14. Find solutions to transport problems: engage neighbours, other disabled people, volunteers to assist disabled people – to push a wheelchair, help carry a child, offer the use of a bicycle, etc.
15. Allocate a volunteer to represent the views of the disabled person who cannot be present, and to feed back information from meetings.

Creating demand among disabled people and their families

If disabled people and their families are going to participate in consultations about WATSAN, they first need to know that it worth their while doing so. The experience of many disabled people is that fine words are often spoken, but in reality nothing changes. Family members need to be made aware of what accessible options might be possible, and how these might benefit the whole family, including carers. Families may feel more inclined to consider inclusive options if they are seen as a modern innovation that benefits the whole community (see next section).

- Provide information to disabled people and their families about accessible/ inclusive designs of facilities, using drawings, photos, and actual demonstration facilities and equipment where available.
- Tell stories of the benefits of inclusive facilities for the whole family, using local examples, or case-studies from Chapter 9.

Working with communities

Communities can play a significant role in promoting services and approaches that either include or exclude disabled and other vulnerable people. Technical solutions to physical barriers need to be accompanied by creative solutions that address social barriers, such as attitudes and behaviour of people in the community.

The most positive way of promoting inclusive facilities may be to show how they meet such universal needs as comfort, convenience and privacy.

For further resources on problem-solving approaches to disabled people's participation, see Appendix A1.6, page 262.

- Consult agencies with experience of disability awareness-raising activities, which could provide information and training to implementing staff and local partners. Activities should address attitudes and behaviour, emphasising practical problem-solving approaches to disabled people's participation (Box 8.2).
- Engage the support of local women's groups. Point out the benefits of inclusive facilities for all, especially for women, children and elderly people, in terms of reduced workload, reduced accidents, improved health and family well-being.
- Include disabled people's representatives (especially disabled women and female carers) on community development committees and advisory councils at all levels.

For a list of further resources on needs assessment, see Appendix A1.8, page 264.

Household level - working with disabled people and their families

Some disabled people and their families have complex needs that may require a detailed understanding and assessment, which is beyond the scope of a community-level consultation.

Guidance on assessing the needs of disabled people and their families is covered comprehensively elsewhere, and a number of checklists and frameworks are available (for one example, see Appendix 5, page 283). These can provide guidance, but should not be used rigidly.

Some initial guidance is provided here.

Who can do this?

Individual and household needs assessment can be a time-consuming process, and should be carried out by someone prepared to spend time and make several visits. Such a role is suited to the skills and experience of many disability sector agencies, particularly those providing community-based support, such as CBR workers.

Disabled people themselves can be an excellent resource in supporting each other, although it should not be assumed that they would want to take on this role. Elderly people may have limited physical strength, but usually have more patience and tenacity than younger people, and in many cultures are listened to with respect.

Community development or health workers, youth volunteers, local women's or church groups can all play a valuable role.

Household needs assessment

The main source of care and support for disabled people who need it is usually the family. The aim of any intervention should therefore be to strengthen the capacity of the family to provide this support, within the context of the family and community, rather than replace the family by supporting the disabled person directly.

The long-term aim should be to improve the well-being of the whole family, not only of the individual disabled person. This may be by increasing the disabled person's capacity to contribute more to the family, or by reducing the workload of the family, or by making their support tasks easier.

For example, a mother who supports her disabled child to use the toilet may find her task gets more difficult and time-consuming as the child grows heavier; she may develop back pains and risk injuring her child and herself. A simple toilet seat could enable her to support her child more safely, reduce her back pain and also her risk of injury.

A few basic principles need to be borne in mind:

1. It is important that the disabled person and their family are partners in problem-solving. It is a waste of time for an 'expert' outsider to identify the 'perfect solution', if the disabled person and their family do not agree with it.
2. Look at the issue of WATSAN in the context of the whole family situation, not in isolation.
3. Do not make assumptions about a disabled person and what they can and cannot do, and what they need. Each person is different.
4. Find out what solutions the disabled person has already tried – what worked, what didn't? Why didn't it work? They may have their own ideas about how they could adapt their environment. Listen to their ideas and find ways to build on them.
5. Look at the whole family situation: economic, social, skills, resourcefulness, their attitude and behaviour towards the disabled person. What are they already doing to support the disabled person? What else would they like to be able to do?
6. Many people are not aware of what solutions are possible, and cannot imagine how life might be different. In this case, provide information and examples, show pictures of different solutions, and let them ask questions. Tell stories of disabled people you know who have benefited from different solutions (or use selected case-studies from Chapter 9).

7. Take a realistic look at the current situation and identify goals that disabled people would like to achieve. If a goal is difficult to achieve, help the disabled person to break it down into small achievable steps, which gradually progress towards the final goal.
8. Practical trial and error is essential, instead of only talking about a solution. Ask the person to demonstrate how they carry out the activity now. Improvise different solutions, or try out different equipment, if it is available, and see what difference it makes. Be prepared to adapt, adjust and, if necessary, start again. Figure 8.1 provides a guide to the problem-solving process.

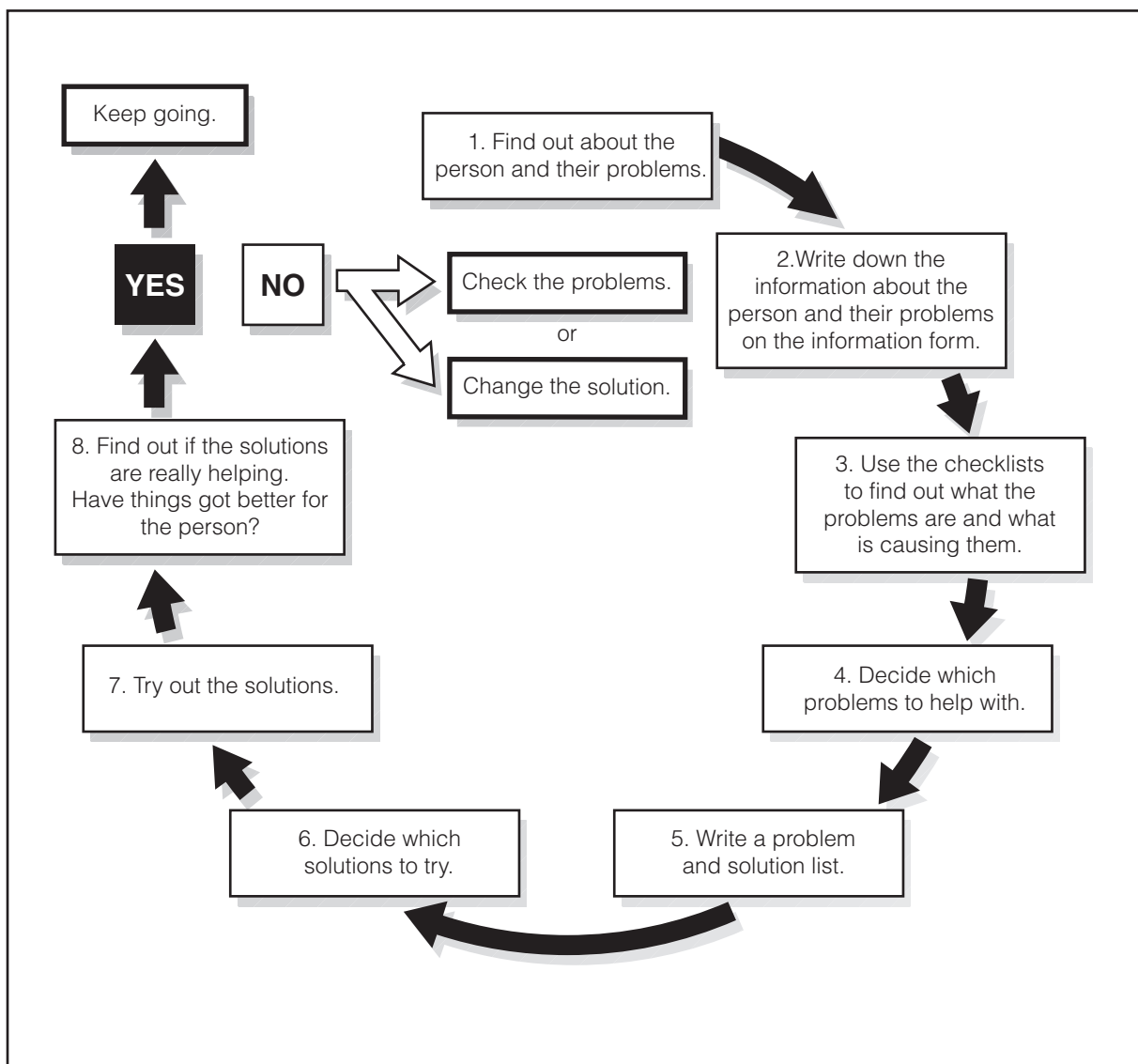


Figure 8.1. Problem solving process. (12)

Common constraints

Many families would like to help their disabled member, but may be too busy. It is often quicker for a helper to do a task, such as bathing or taking a disabled person to the toilet, than to spend time supporting her to do it by herself. If this is an issue, it is important that initial solutions are aimed at reducing the family's workload, and produce quickly visible results. For example, tangible results could be achieved by making or lending a piece of low-cost equipment, and asking a family member to spend 10 minutes a day supporting the disabled person to use it. This could show that it is worth spending time now in order to save time in the future.

Access to water and sanitation may not be a priority for the disabled person and their family, who may have more urgent concerns, such as getting the harvest in, or the roof mended before the rainy season, which cannot be ignored.

8.3 Implementation by the disability sector

This section deals with issues relevant to DPOs and to disability service providers, although we recognise that some agencies, especially NGOs, have programmes that provide both WATSAN and disability services. Likewise, some DPOs are known to provide WATSAN services.

It is not necessary to wait for policy and strategy to be in place before starting practical activities. Implementation can begin from any starting point, depending on the interests and skills of the agency involved.

National level policy and strategy

Disability needs to move on from stand-alone legislation and policies, and be articulated in policies and strategies of relevant sectors such as the WATSAN sector. No resources will be allocated to disability in the WATSAN sector if it is not recognised and included at national strategy and project design levels (1). A lack of awareness and understanding in the sector means that this has not been done.

At the same time, the disability sector tends to have well-established links with certain sectors, including health, social welfare, education and employment, but rarely with the WATSAN sector.

- Strategies for advocacy and lobbying for disability rights and access need to include access and rights to WATSAN.

- Give disability policy and legislation documents to WATSAN sector planners.
- Get to know WATSAN policy and strategies, identify opportunities for including a disability perspective.
- Identify an agency or group of agencies to take a lead on WATSAN issues.

A twin-track approach is needed by the disability sector:

- Including WATSAN issues in the disability sector;
- Advocacy, lobbying and collaboration for the inclusion of a disability perspective in the WATSAN sector.

On both 'tracks', several key principles should be considered.

Inter-sectoral collaboration

Collaboration with the WATSAN sector is essential to any effective development on both of the above 'tracks'.

Each sector needs to see how their own work fits into a wider context, to recognise different perspectives on an issue, and to value the knowledge and expertise of other sectors. It is useful for the disability sector to be aware of the potential contribution of the WATSAN sector to meeting the needs of disabled people, and what options are possible, but also the constraints under which the sector works.

All initiatives on the part of DPOs and disability service providers to address WATSAN issues for disabled people need to involve the WATSAN sector from the outset. This makes their co-operation more likely at later stages of implementation when technical input is needed, and help avoid expensive failures.

- Develop contacts with the WATSAN sector at national level.
- Organise a discussion forum or workshop to bring both sectors together, to raise issues and to exchange information.
- Invite the WATSAN sector to provide input into disability policy and strategy discussions.

Planning for success

It is not necessary to wait until all relevant agencies are involved before starting practical initiatives. Begin with agencies that are interested, however few, with representation from as many relevant sectors and stakeholders as possible, including government, NGOs and private sector. The

involvement of a respected organisation from each sector will provide a 'stamp of approval' that will attract other agencies later.

The process of practical implementation will help generate interest and participation from a wider audience, as agencies recognise its relevance and benefit to their own work. It will show what is (and is not) possible, and provide starting points for action.

- Create opportunities at all stages of the development of implementation for more agencies to become involved.

Tap into relevant initiatives and opportunities (advocacy)

Disability inclusion needs to be seen as an integral part of WATSAN service provision, and not develop as a separate and distinct set of projects. In order to avoid this separation, ensure you identify existing relevant initiatives and trends that provide an opportunity to raise and include the issue of disability. For example:

At national level

- Poverty Reduction Strategy Processes: DPOs and disability agencies need representation not only on Task groups dealing with social welfare and social protection, but on all Task groups, including WATSAN Task group.
- Country targets on sanitation: for example, Bangladesh, which has recently agreed a target of 100 per cent sanitation by 2010.
- Form alliances with representatives of other marginalised groups that have an interest in inclusive and accessible services, such as Gender Water Alliance, Associations of the Elderly, agencies working with people living with HIV/AIDs, and other vulnerable groups. Identify issues of common interest in WATSAN, and areas for potential collaboration and exchange. Presenting a stronger and united voice improves the chances of being listened to, and being included when activities are planned and developed.

At institutional level

- International organisations that are increasing their focus on issues of equity, including reaching people living in chronic poverty.
- International organisations carrying out strategy development and planning activities at organisational level.
- Data collection activities, such as community baseline

surveys, vulnerability mapping, poverty analysis.

At project level

In the design of WATSAN programmes, a community-level baseline survey is commonly carried out, often followed by a community consultation exercise, to identify local problems and priorities, vulnerable households and the level and type of demand for WATSAN services. This should involve some level of participation from community members.

- Suggest that groups of disabled people should be consulted in their own right.
- Suggest organisations that can provide advice, training, and technical input as needed.

DPOs, associations of the elderly and other self-help groups often have established networks at many district and village levels. Depending on their capacity and interests, these could participate in a number of ways to help make this more inclusive and enable the views of disabled people to be heard:

- Information gathering – they could be a ready-made entry point to an existing network.
- As project staff or volunteers, as participants in training sessions for community members on how to conduct community and household needs surveys and assessments.
- In consultation on questions to include in baseline surveys (prevalence and types of impairments, functional limitations, level of isolation and vulnerability) and the design of needs assessments. Provide or adapt available checklists or assessments (see page 147, Household level assessments).
- Participate in consultation activities, such as focus group discussions.
- Suggest ways to modify participatory processes and tools (such as ranking and mapping exercises) to enable people with visual/hearing/communication impairments to participate, to (a) identify disabled and other vulnerable people in a community, and (b) enable vulnerable groups to identify and prioritise their own needs.
- Suggest practical ways to address physical and social obstacles to disabled people's participation in meetings and consultations, or to seek the views of those who are unable to leave their houses, socially stigmatised or unaccustomed to being consulted.
- Engage with local groups of women, mothers and the

elderly: point out the benefits of inclusive facilities for all, especially for women, children and elderly people – reduced accidents, improved health and family well-being.

- Make sure disabled people's representatives (especially women) are included on community development committees, village water committees and advisory councils at all levels.

Practical ideas for engaging with the water supply and sanitation sector

Find a starting point that WATSAN professionals will perceive as relevant (see Section 3.4), and which will engage interest from the outset.

- Provide numbers of people affected, examples of problems of disabled access, the link between disability and poverty, that disabled people are part of the most marginalised and vulnerable groups, and that MDGs will be hard to achieve without addressing disability.
- Emphasise the benefits to the whole community of inclusive access solutions. Give practical examples such as: a handrail beside steps is good for elderly people, children, pregnant women and people living with HIV/AIDS.

Present practical solutions that engineers can see they have the technical expertise to implement:

- Demonstrate that engineers have a crucial role to play in inclusive access, by describing an access problem, and asking them how they would go about solving it. Expose current problems in legislation and building codes.
- Give examples of simple low-tech solutions to improve access for disabled people, e.g. when deciding the location for a communal water source, give priority to installing it near to users with limited mobility.
- Provide practical examples of communal water and sanitation facilities with inclusive features suitable for the whole community. These could be included as part of the range of options for users to choose from in a demand-responsive approach to WATSAN implementation.

Build on the strengths of engineers: a practical problem-solving exercise is guaranteed to engage interest, demonstrate the expertise of engineers and their vital role, and at the same time show that it is not a highly technical issue.

Use formats accessible and useful for WATSAN sector

professionals:

- Use diagrams, technical drawings, photos, etc. to illustrate main points.
- Use language that appeals to the interests and skills of engineers, and links in with issues that they perceive are of concern to them. For example, when introducing a presentation, instead of using a title such as 'WATSAN for disabled people – a human rights issue', change the title to 'WATSAN for disabled people – technical solutions', or 'WATSAN for all – the role of the engineer in designing for different needs'.

Organisational issues

Disabled people and disability service providers may have had little previous contact with the WATSAN sector, and may need to develop some understanding of how the sector works, and how it could contribute to their own disability work.

Options for the disability sector can be categorised into two main 'tracks':

- Including WATSAN issues in disability-specific projects/activities;
- Advocacy and collaboration for the inclusion of a disability perspective in the WATSAN sector.

Suggestions

- Get to know which agencies do what in WATSAN locally.
- Strategies for advocacy and lobbying for disability rights and access need to include access and rights to WATSAN.
- Appoint a person to take a lead on WATSAN issues.
- Carry out a WATSAN 'audit': invite a professional from the WATSAN sector to discuss possible strategies for including WATSAN issues; to visit your organisation, or project locations/homes of disabled people and identify areas for improvement, gaps, issues for discussion and development.

Programme/project cycle

Situation/needs analysis, project planning and implementation, monitoring and evaluation, budget planning and research and development are part of all implementation, some more structured than others. The project planning stage is the most crucial stage for WATSAN to be considered.

These suggestions relate to including WATSAN in disability

related work. To get a better understanding of ways to advocate for disability inclusion in the WATSAN sector, read the corresponding section for the WATSAN sector on page 132.

Situation/needs analysis

Consider whether WATSAN is an issue that needs to be addressed by the project. If so, include questions about WATSAN in the situation analysis.

Review existing information on WATSAN in the intended project/programme areas, drawing on the expertise of WATSAN agencies to help identify relevant information.

Make reference to WATSAN policy and strategy, and the status of vulnerable, unreached, and under-served groups in those strategies.

Working with communities

Communities can play a significant role in promoting services and approaches that either include or exclude disabled and other vulnerable people. Technical solutions to physical barriers need to be accompanied by creative solutions that address social barriers, such as attitudes and behaviour of people in the community.

- Include issues of access to WATSAN in awareness-raising activities addressing issues of attitudes and behaviour. Look not only at the problems, but focus on the role of community members in improving disabled people's participation (Box 8.2).

Household level – working with disabled people

Box 8.2. Engaging communities in problem-solving using drama

A Disabled Children's Advocacy Group, supported by CSID in Dhaka, Bangladesh, has found that drama is a powerful tool in changing people's thinking on disability. The group develops dramas based on the children's own experiences of being excluded from school. They then present their drama to groups of teachers in local Primary Schools. After the performance, they invite teachers to discuss the issues raised. In this way they have succeeded in persuading several Primary Schools to accept disabled children.

Group members felt that they could use the same approach to raise awareness about accessible water and sanitation, as this is a problem that many disabled children face on a daily basis, both at home and at school (13).

and their families

WATSAN service providers tend to work with communities as a whole, rather than with individual households (see Section 3.1 on how the WATSAN sector works). Some disabled people and their families have complex needs that may require a detailed understanding and assessment, beyond the scope of the WATSAN sector, and better suited to the skills and experience of the disability sector.

Household needs assessment

The main source of care and support for disabled people who need it is usually the family. The aim of any intervention should therefore be to strengthen the capacity of the family to provide this support, within the context of the family and community, rather than replace the family by supporting the disabled person directly.

The long-term aim should be not only to enhance the dignity, capacity and opportunities of the individual disabled person, but to improve the well-being of the whole family. This may be by increasing the disabled person's capacity to contribute more to the family (e.g. Box 8.3), or by reducing the workload of the family, or by making their support tasks easier.

For example, a mother who supports her disabled child to use the toilet may find her task gets more difficult and time-consuming as the child grows heavier; she may develop back pains and risk injuring her child and herself. A simple toilet seat could enable her to support her child more safely, reduce her back pain and also her risk of injury.

A few basic principles need to be borne in mind:

Look at the issue of WATSAN in the context of the whole family situation, not in isolation. A number of checklists and frameworks are available for carrying out needs assessment, which can provide guidance, but should not be used rigidly. (See Appendix 4 on page 281 for one example.)

Common constraints

For a list of further resources on needs assessment, see Appendix A1.8, page 264.

Box 8.3. Water collection as a group activity

It is usual in many countries to see children and women fetching water in pairs or groups. Often, one person pumps water while the other holds the container. In this context, the contribution of a disabled person to the group activity is often valued, even if he or she can only do one aspect of the task, such as carrying but not drawing water.

For many disabled people, the ability to make a contribution in the family may be a more valid and realistic goal than focusing solely on a goal of individual self-reliance (14).

Many families would like to help their disabled member, but do not feel they have enough time. It is often quicker for a helper to do a task, such as bathing or taking a disabled person to the toilet, than to spend time enabling them to do it by themselves. If this is an issue, it is important that initial suggestions and solutions are aimed at reducing the family's workload, and that results will be quickly visible. For example, tangible results could come from making or lending a piece of low-cost equipment, and asking a family member to spend 10 minutes a day encouraging or teaching the disabled person to use it. This could show that it is worth spending time to save time.

It may be that the issue of access to water and sanitation is not a priority for the disabled person and their family, who may have more urgent concerns such as getting the harvest in, or the roof mended before the rainy season, which cannot be ignored.

Problem solving

It is a waste of time for an 'expert' outsider to identify the 'perfect solution', if the disabled person and their family do not agree with it. For this reason, it is important that the disabled person and their family are partners in problem-solving.

Find out what solutions the disabled person has already tried – what worked, what didn't? Why didn't it work? They may have their own ideas about how they could adapt the environment. Listen to them, and find ways to build on their ideas.

Many people are not aware of what solutions are possible, and cannot imagine how life might be different. In this case, provide information and examples, show pictures of different solutions, and let them ask questions. Tell stories of disabled people you know who have benefited from different solutions (or use selected case-studies from Chapter 9).

Take a realistic look at the current situation and identify goals

that disabled people would like to achieve. If a goal is hard to achieve, help the disabled person to break it down into small achievable steps, which gradually progress towards the final goal.

Practical trial and error is essential, instead of only talking about a solution. Ask the person to demonstrate how they carry out the activity now. Improvise different solutions, or try out different equipment, if it is available, and see what difference it makes. Be prepared to adapt, adjust and, if necessary, start again. Figure 8.1 provides a guide to the problem-solving process.

Who should do all this

Individual and household needs assessment can be a time-consuming process, and should be carried out by someone prepared to spend time and make several visits. Such a role is suited to the skills and experience of many disability sector agencies, particularly those providing community-based support, such as CBR workers.

Disabled people themselves can be an excellent resource in supporting each other, although it should not be assumed that they would want to take on this role. Elderly people may have limited physical strength, but usually have more patience and tenacity than younger people, and in many cultures are listened to with respect.

Community development or health workers, youth volunteers, local women's or church groups can all play a valuable role.

8.4 Monitoring and evaluation

Monitoring and evaluation should be built into the project at the design stage, when mechanisms are established to collect information, and to periodically review whether the project is achieving what it set out to do.

The main question for disabled people is 'In terms of the project objectives, have disabled people benefited to the same extent as non-disabled people?' This can be more easily measured if disability-related data is collected from the beginning of the project (see pages 132 and 143). During the project design, indicators should be identified from this data to monitor the impact on disabled people.

It is important that disabled people are not treated as a single identical group. Data on disabled people need to be differentiated to identify disabled women, disabled girls and

boys, disabled elderly women and men, people with different types of impairment, and levels of poverty. This will help determine whether disabled women have benefited from the project as much as disabled men, for example, or whether only wheelchair users have benefited, but blind people have been forgotten.

The project may not have included disability-related data from the beginning. This does not automatically mean that disabled people have been excluded. It also does not prevent the issue of disability being included in an evaluation. Box 8.4 provides examples of questions for inclusion in review or evaluation of a WATSAN project or programme.

Evaluation of water supply and sanitation in disability-focused work

It is useful to know what works well and what works less well, especially in a new area of work. In evaluating the WATSAN element of disability work, it is worth considering the use of a framework commonly in use in the WATSAN sector:

Functionality – Does it work properly, in the way it was intended to? Is it reliable? If not, why not?

Utilisation – Are the people using it those who were intended to use it? Are they using it in the way it was expected, to the extent and in the numbers expected? If not, why not?

Impact – Is it having the impact/benefit expected? If not, why not?

For more detailed information on monitoring and evaluation of WATSAN activities, see selected documents in the list of resources on page 256.

On the disabled person – In terms of self-reliance, time spent, range of activities/contribution, expenditure, income.

On the family – In terms of workload, time spent, range of activities, income.

Box 8.4. Examples of questions for all organisations involved in WATSAN evaluations (6)

Knowledge

- Knowledge/ skills/ disability awareness of project staff/ community on how to include disabled people and other vulnerable groups;
- Increased knowledge/ skills for disabled people and other vulnerable groups on design options and approaches that improve their lives;
- Transfer and dissemination of knowledge and skills on inclusive options that benefit vulnerable groups.

Inclusion

- Numbers of disabled people (women, men, children) benefited;
- Number of households with disabled person benefited;
- Poor households with a disabled person benefited;
- Female-headed households with a disabled person benefited;
- Types of impairment benefited;
- Are inclusive design options part of the range of available design options?
- How has the project monitored the impact on disabled people?

Participation

- Have disabled people participated in consultations on the project design? e.g. focus groups of disabled people, proactive measures to ensure participation of disabled people.

Access

- Have accessible physical environments/ inclusive design options been promoted?
- Have disabled people's livelihoods been improved as a result of the project?

Fulfilling obligation

- Criteria for project proposals that they consider will address disability;
- Mechanisms in place to ensure inclusion of a disability perspective, e.g. DPO representative on programme steering group and local WATSAN committee;
- WATSAN guidelines and training materials include guidance on disability, e.g. design options must include accessible options, community consultations include focus group of disabled people, etc.;
- Is the project working on guidelines or standards that promote equality for disabled people?
- Has the project helped to raise awareness among disabled people at national and local level of their rights and entitlements?

Potential Informants

National level DPOs (find out through DPI* or National Ministry of Social Welfare);

DPOs at local community level (find out through National DPOs or NGOs);

Women's Associations, war veterans associations, Associations of the Elderly.

(See Appendix 3 for further details of this framework.)

* DPI address in Appendix 2.3.

References

1. ADB (2005) *Disability Brief: Identifying and Addressing the Needs of Disabled People*. Asian Development Bank: Manila. <http://www.adb.org/Documents/Reports/Disabled-People-Development/disability-brief.asp>
2. Stienstra, D., Fricke, Y. and D'Aubin, A. (2002) *Baseline Assessment: Inclusion and Disability in World Bank Activities*. The World Bank: Washington.
3. Thomas, P. (2004) *DFID and Disability. A Mapping of the Department for International Development and Disability Issues*. Disability KAR: UK.
4. Jones, H. (1999) Integrating a disability perspective into mainstream development programmes: the experience of Save the Children (UK) in East Asia. In E. Stone *Disability and Development: learning from action and research on disability in the majority world*. The Disability Press: Leeds, UK.
5. UNESCAP (1995) *Promotion of Non-handicapping physical environments for Disabled Persons: Guidelines*. United Nations Economic and Social Commission for Asia and the Pacific: UN: New York.
6. Ortiz, I. (2004) *Disability KAR: Assessing Connections to DFID's Poverty Agenda*. Overseas Development Group: UK.
7. United Nations (1993) *Standard Rules on Equalization of Opportunities for Disabled Persons*. United Nations: New York. <http://www.independentliving.org/standardrules/StandardRules1.html>
8. Saunders, C. and Miles, S. (1990) *The Uses and Abuses of Surveys in Service Development Planning for Disabled People: the Case of Lesotho*. Save the Children/UK: London.
9. Bangladesh Bureau of Statistics (2000) *Statistical Pocketbook*. Dhaka, Bangladesh.
10. Actionaid Bangladesh (1996) *Four Baseline Surveys on Prevalence of Disability*. Disability & AIDS Coordination Unit. Actionaid: Dhaka, Bangladesh.
11. WHO (2001) *The International Classification of Functioning, Disability and Health - ICF*. World Health Organization: Geneva.
12. CBR-DTC (undated) *Finding Out about a Person and Her Problem*. CBR Development Training Centre: Solo, Indonesia.
13. Jones, H.E. and Reed, R.A. (2004) *Water supply and sanitation access and use by physically disabled people: report of second field-work in Bangladesh*. WEDC, Loughborough University and DFID: UK.
14. Jones, H.E. and Reed, R.A. (2003) *Water Supply and Sanitation Access and Use by Physically Disabled People*. Report of field-work in Uganda. WEDC, Loughborough University and DFID: UK.