

Chapter 1

Introduction



1.1 Why this book was written

Water supply and sanitation services and facilities are traditionally designed for the 'average' person, which ignores the fact that in real communities, people come with a wide range of shapes, sizes, abilities and needs. As a result, large numbers of these 'non-average' people are excluded from normal services and facilities. One such group is disabled people and others who have physical limitations.

This book has been written to raise awareness among the water and sanitation sector about the needs of disabled people and other vulnerable groups, and to provide practical information, ideas and guidance about how these needs could be addressed within normal water and sanitation programmes and services.

The book's main target audience is therefore planners and service providers in the water supply and sanitation sector. In addition, disabled people's organisations, and organisations that provide support to disabled people and their families, may find useful information for their work.

The research on which this book is based was funded by the UK DFID: KaR [Knowledge and Research] 8059: 'Water supply and sanitation access and use by physically disabled people'. (See Appendix 6 on page 285 for a description of the research). It is designed to contribute to DFID's commitment to poverty reduction of disabled people in low-income communities (DFID, 2000).

1.2 Focus of the book

The main focus of this resource book is on access to domestic water supply and sanitation, which may be at either household or communal level. Some of the ideas and suggestions can also be applied in institutional settings, such as schools and hospitals, and in some emergency situations, although the issues particular to those settings are not addressed in this book.

The focus is on the accessibility of the physical environment for children, women and men who experience limitations in carrying out activities related to water and sanitation. These may be disabled people, or other people who are not usually thought of as disabled, such as frail elderly people, pregnant women, small children, women and girls carrying babies, and people who are ill, including people with AIDS.

A disabled person may have difficulty squatting, for example, but so will a pregnant woman. A person with a paralysed arm may have difficulty grasping, but so might a person who is weak with fever, or a frail elderly person.

Because so little has been previously done in this area, it is recognised that the information in this book is far from comprehensive, and should be seen as a work in progress. We strongly encourage practitioners to try out some of these ideas and solutions in their own work, in such a way that we can all learn from them.

1.3 What you will not find in this book

- Standard designs for accessible public facilities. These are available in other publications and listed in Appendix 1.
- Details about specific impairments and medical conditions, or individual aids and equipment for disabled people, such as wheelchairs and crutches. These are covered comprehensively in other publications, some of which are listed in the relevant sections in Appendix 1.
- Issues of water and sanitation specifically related to institutions, such as health clinics and schools, although many of the ideas can be applied in institutional settings.
- Issues of water and sanitation in emergencies.
- Issues of water for productivity.
- Ways to address disability issues in health and hygiene promotion.

1.4 How to use the book

It is not necessary for every reader to read the whole book. Readers with different backgrounds and experience will find different sections useful.

Chapter 2 provides some answers to the question 'Why should the water and sanitation sector consider disabled people?' It is mainly for readers who have had little previous contact

with disabled people and disability issues. Readers from the disability sector may also find it provides information that they can use in their advocacy work.

Chapters 3 and 4 provide information to support communication and collaboration between the water supply and sanitation (WATSAN) and disability sectors. Chapter 3 is mainly for readers who have had little previous contact with the WATSAN sector, including disabled people, disability service providers, and agencies promoting social inclusion and advocacy on rights and access. Chapter 4 is mainly for readers who have had little previous contact with disabled people and disability issues, including WATSAN sector professionals, engineers, public health workers and community development workers.

Chapters 5 to 7 provide practical ideas for making physical facilities more accessible and inclusive. These will be useful for implementers of all backgrounds, including disabled people and their families.

Chapter 8 presents ideas for planning and implementing services that consider disabled people, and is divided into two main sections: section 8.2 presents issues that are mainly relevant to WATSAN service planners and providers, whilst section 8.3 is mainly relevant to the disability sector.

Chapter 9 provides a number of case-studies illustrating how disabled people and their families have benefited from improved access to water and sanitation facilities. These could be used in a number of ways: as advocacy material, as practical information for disabled people and their families, or as material for awareness-raising or problem-solving workshops.

The Appendices provide lists of further relevant information and resource material for which there is not enough room in the book.

