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VERSION

VoR (Version of Record)

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REPOSITORY RECORD

Triwahyudi, Wahyu, and Eka Setiawan. 2019. “Disability Inclusion in WASH: What Has Been Achieved and How Can This Help Other Practitioners?”. figshare. https://hdl.handle.net/2134/31128.

37th WEDC International Conference, Hanoi, Vietnam, 2014

SUSTAINABLE WATER AND SANITATION SERVICES
FOR ALL IN A FAST CHANGING WORLD

Disability inclusion in WASH: *"What has been achieved and how can this help other practitioners?"*

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BRIEFING PAPER 2002

Plan Indonesia's water, sanitation and hygiene (WASH) program features the use of community led total sanitation (CLTS) and hygiene promotion projects in several districts in Indonesia. To contribute to universal access and to reach the most vulnerable people, Plan Indonesia seeks to continuously improve disability inclusive strategies within its WASH program. Plan Indonesia has found that people with disabilities (PWD) are unable to access regular sanitation and hygiene facilities even though there is a strong willingness to improve their own hygiene practices. Together with government partners, Plan Indonesia's WASH program has explicitly worked with PWD to improve their access to sanitation and hygiene facilities. Plan Indonesia has also worked with sanitation marketing entrepreneurs for the provision of specifically-designed toilets that meet the needs of PWD within the program area. Reflecting on current achievement, Plan Indonesia's aim is for this approach to be adopted by local government who are not yet aware of disability inclusion issue. This paper provides general information on steps taken and the results during the implementation of disability inclusive WASH by Plan Indonesia.

Introduction

It is recognized that as the 2015 Millennium Development Goals (MDGs) timeframe draws closer, it is apparent that progress towards these Goals whilst commendable, is not happening in an equitable way. Averages mask huge inequities, and many of the poorest in the world have scarcely benefited from improvements in water, sanitation and hygiene (WASH) (Jones, 2013). People with disability (PWD) are a part of every community, everywhere in the world. They are among the poorest, most marginalized and disadvantaged, and are often hidden. Sadly, PWD have the least access to basic WASH services, which contributes to their continued isolation, poor health and poverty (Metts, 2000).

The general aim of infrastructure and development, including WASH programs, is often to improve the well-being of everyone in a community, whether they are male or female, rich or poor, young or old, disabled or non-disabled. It follows therefore that community WASH programs and activities are relevant to PWD, so a disability perspective should always be included. For example, WASH activities targeted at poor people must consider poor disabled people, those targeting poor women must consider poor disabled women, and so on (WaterAid and Rights and Humanity, 2004).

This paper documents Plan Indonesia's learning journey to continuously improve disability inclusiveness within its WASH program that has resulted in improved practice spanning beyond individual project timeframes and ingrained the organization's WASH programming approach. By sharing key learning, Plan Indonesia hopes that it may inspire other WASH practitioners to improve their own practices in this area.

Context

Since the beginning of 2012 Plan Indonesia has been explicitly trying to implement disability inclusion approaches within its existing WASH projects. Even though the results achieved at the community level vary, it is becoming clear that disability inclusive approaches are making a difference in terms of enabling PWD to have full access to basic sanitation and hygiene facilities. Plan Indonesia considered 2012 as the

initial step of disability inclusive achievement within its WASH program, which will be built on in the following years.

Plan Indonesia has been implementing two community led total sanitation (CLTS) (including hygiene) projects in three districts, namely Grobogan, Timor Tengah Selatan (TTS) and Timor Tengah Utara (TTU). The total population in these three districts is approximately 2.1 million people. The projects aim to reach open defecation free (ODF) status in 569 villages and to set government-led sanitation development by encouraging local governments to allocate their funding for improving sanitation and hygiene conditions through CLTS implementation in Grobogan District and ODF sustainability monitoring in TTS and TTU Districts. During their implementation it was found that, due to several physical / infrastructural barriers, a number of PWD were unable to access latrines built by community members. PWD need to be part of all the project stages particularly the planning process to enable them to voice their own WASH needs including accessing toilets. Anecdotal evidence suggested that a number of attitudinal barriers also existed about PWD.

Disability inclusive approaches in Plan Indonesia

Upon reflecting on the two WASH projects, Plan Indonesia determined that the projects needed to be more explicit regarding its disability inclusion strategies. Plan Indonesia's implementation of disability inclusion is described here.

Awareness raising on disability inclusion

The first step taken was conducting disability awareness raising to all project staff and government partners. This was mainly to introduce the concept of disability inclusion within WASH programs. The training built on and adapted WaterAid and WEDC's Equity and Inclusion training materials (2012). The awareness-raising session was seen as the opportunity to spread the message of disability inclusion to field staff and government counterparts who will later implement project activities at the community levels. Some participatory tools (WEDC/WaterAid 2012) such as disability barriers mapping, squatting simulation and latrines inspection exercise were carried out to particularly highlight the importance of addressing the sanitation necessity for PWD. The most important output of this training was the discussion by all project staff on the steps that could be taken to implement disability inclusion approach within the current WASH projects. This discussion was then translated into a work plan that was shared with a local DPO for input.



Photograph 1. Participants attended 3-day Inclusive WASH training. The training also covered the topic of gender equality in WASH program



Photograph 2. Children with disabilities were found during the PWD assessment. Most cannot independently use a latrine built by family member. Their mother usually helps them to get in to the latrine

One of the positive outcomes from this session was that some sub-district officials who participated in the training were 'triggered' to immediately adopt a disability inclusion approach to their current WASH roles and responsibilities at the sub-district level. These officials were confident to set their sub-districts as a focus area on piloting disability inclusive strategies. They picked up the plan to go through the process from conducting assessment to find PWD who crucially need access to basic sanitation, committed to consult

with them, committed to work with disabled people's organization (DPO), and designing the most appropriate sanitation facilities for them. Plan Indonesia has provided close support, and a review of the results of these sub-districts will be undertaken by the end of 2014.

Following the training, participants went back to their working locations and started making an attempt to action their work plans. Given that disability strategies were not explicitly planned from the beginning of the project, this represented some "additional work" on top of their business as usual. It seemed not a big deal for staff, since the spirit shared to everyone from the training was that PWD are part of the community who work toward achieving ODF status, of which everyone within the village boundary ought to have access to improved latrines. From a project efficiency view point, failure to enable PWD to have access to latrines will lead to the failure of ODF status achievement. Most importantly, all project staff now understand that basic sanitation is a human right, therefore all people without exception need to have safe and sustainable access to latrines, including those with disability.

Knowing where are PWD through village assessment

It is encouraging to see the results on the ground brought by project staff and government counterparts. In the last seven months they have been working with community, especially with PWD, to achieve universal access to latrines at the village level –the scale at which ODF is declared. Survey and assessment were conducted by the project staff in order to have a list of information about PWD in each village. Since PWD can be easily overlooked during the usual CLTS process, staff needed to revisit the villages and find out any issues in regard to the inability of PWD to access improved latrines. At the end of the assessment staff had information about the number of PWD in each village and what kind of disability they have. This information was used to decide with whom (and how) they will work to enable PWD to access improved latrines. PWD are often hidden and whilst the project team was able to collect data on PWD within villages, it was recognized that this would have been underreported and below global averages.

Disability inclusion training for sanitation marketing entrepreneurs

The most promising result for 2012 was the effort to link between sanitation marketing and disability inclusion. The current CLTS projects have encouraged local entrepreneurs to get involved in sanitation business. With the assistance of Plan Indonesia some of them managed to form an association at district level called PAPSIGRO. The members of PAPSIGRO come from sanitation entrepreneurs at several sub-districts. To date, nearly 1,750 toilets have been sold by PAPSIGRO to the Grobogan District community. Training was conducted with the members of PAPSIGRO including how to make special latrines for PWD (Photograph 3). They were introduced to different options of latrines for PWD, including additional physical features that may be needed such as hand-holder, railing, ramp, etc.



Photograph 3. Disability awareness-raising to PAPSIGRO members. The training was to introduce different options of latrines and the features to support PWD in using them

Currently PAPSIGRO is providing services to build cheap latrines that will be designed based on the specific needs of PWD through consultations with PWD and a local DPO. With the assistance of Plan Indonesia staff, PAPSIGRO are also developing a design of universal latrine that can be used by children and PWD. Further, to get more advances in reaching consumers who need specifically-designed latrines, PAPSIGRO has established a partnership with a local DPO.

Key learning and results for disability inclusion in WASH

One important learning point is that the majority of PWD do not need segregated "special" facilities –their needs can be met by ordinary service with a little extra thought, and minor adjustments. Segregated facilitates can also provide further stigma. Making WASH facilities and services inclusive would therefore benefit the whole community. These might include frail elderly people, pregnant women, parents with small children, and people who are injured or sick, including people with HIV/AIDS. Any of these people may have difficulty with their balance or co-ordination, with weak grip, limited flexibility, squatting or lifting, most of which are needed to access WASH facilities. Because of this they are likely to experience many of the same problems of exclusion as many PWD, although they are not described in this way.

To enable all people to have proper access to improved latrines, some different types of latrines have been built to fit their needs. It has also been found that significant social barrier in term of attitudes towards the PWD was not encountered by project staff. This has brought easier task for the staff to work with PWD and their society to make latrines accessible for PWD. The following are some good examples of the results of working with PWD and their families.

Mrs. Theresia and Mr. Matheous are a married couple in their late eighties. They live in Loli Village in TTS District that reached ODF status in the beginning of 2012. Both have low vision impairment. Plan Indonesia project staff and Loli Village community helped them to build light-coloured stone paths that can guide them from home toward the latrine and a hand washing facility. Now the facility is completed and both of them can go to latrine without help from others (Photograph 4).



Photograph 4. Light-coloured stone paths at Mr Matheos and Mrs Theresia's backyard to guide the toward sanitation facilities

Mr. Kira in Grobogan District

The 82 year old Mr. Kiran has weak legs that make him unable to squat for a long time. He had been practicing open defecation for many years before finally he was able to build his own latrine. Once CLTS has been introduced to his village, he built a pit latrine in his backyard. His wife and children relentlessly helped him to squat whenever he went to defecate, which at times made him think how unpleasant that must be for them. As a consequence Mr. Kiran thought to go back to the river where he could defecate on his own without any help. Fortunately before this happened, his children went to a consultation session with a PAPSIGRO member on how to customize their family latrine so that Mr Kiran can use it independently. Very soon after the consultation, a PAPSIGRO and Plan staff member worked with Mr. Kiran to design a special latrine with hand-holder to help him squat (Photograph 5). He now can access the latrine without additional help from his family members.

Mrs. Tri in Grobogan District

Mrs. Tri is 76 years old and suffered a stroke. In her case after consultation with a Plan staff member, her child made a hole in the seat of a wooden-chair to help her sit comfortably whenever she defecates (Photograph 6).



Photograph 5. Mr. Kiran grabbing hand-holder specifically made to help him squat



Photograph 6. Mrs. Tri's specially-made holed wooden chair

Looking forward

Some lists of what to do are now on the table. The implementation of disability inclusion within Plan Indonesia's WASH program is spreading at the community level and needs to be vertically scaled-up.

- Local governments need to integrate this aspect within on-going CLTS projects. The results we have are good proof that disability inclusion approach does work to reach all people in accessing improved latrines; and use these best practice examples to encourage local government to adopt such approach.
- Awareness raising needs to be conducted to the government officials who are directly involved in CLTS projects, including sanitarian from local health centre and sub-district officials.
- Local entrepreneurs involved in sanitation marketing need also to provide affordable latrine products that meet PWD needs, including with the installation services.
- For water supply facilities Plan Indonesia will require each facility construction to be accessible for PWD when they live in the project location.

By doing all of this, we may expect to see wider scale of disability inclusion implementation that can help more PWD in having full access to WASH facilities.

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Plan works in several Districts in Indonesia. This paper was derived from two WASH projects: (i) CLTS projects in *Grobogan* District, Central Java Indonesia that funded by AusAID through Civil Society Fund I, and (ii) STBM/SHAW project (Community Based Total Sanitation/Sanitation Hygiene and Water) in *Timor Tengah Utara* and *Timor Tengah Selatan* Districts, East Indonesia, funded by Simavi Netherlands.