



Understanding the barriers to access WASH facilities and services for people with disabilities in Savannakhet

Ensuring disability inclusion is critical to achieving the Government of Lao PDR's goal of universal access to sanitation and hygiene by 2030. This brief presents research that was designed to generate in-depth data that can be used to ensure WASH services are accessible and inclusive of people with disabilities, and that these contribute to achieving more equitable sanitation and hygiene services for all.

Formative research was conducted by SNV in July 2019 in collaboration with the Ministries of Health (MOH), Education and Sports (MOES) and Labour and Social Welfare (MLSW), and the Lao Disabled People's Association (LDPA), with technical support from Humanity and Inclusion and CBM Australia. It was conducted as part of SNV's Beyond the Finish Line - Sustainable Sanitation and Hygiene for All (SSH4A) programme, in collaboration with ISF-UTS, and supported by the Australian Government's Department of Foreign Affairs and Trade's Water for Women Fund.

The objective of the research was to better understand the existing physical, institutional, social, and cultural barriers that impact on people with disabilities' equitable access to, and inclusion in the development of WASH facilities and services in three districts of Savannakhet.

Methodology

Primary information was collected by the research team through 19 key informant interviews, 18 in-depth individual interviews with adults with disabilities living in communities, and nine focus group discussions (with 22 men, 19 women and 15 children with disabilities and their caregivers). Accessibility and safety audits of WASH facilities were conducted in six health units and six primary schools. The research focused on current practices and the gendered dimensions of disability, inclusion, and hygiene and sanitation at the community level. It was guided by a framework that explored four key factors.¹

¹ S. White, H. Kuper, A. Itimu-Phiri, R. Holm and A. Biran, *A Qualitative Study of Barriers to Accessing Water, Sanitation and Hygiene for Disabled People in Malawi*, 2016, PLoS ONE 11(5): e0155043. <https://doi.org/10.1371/journal.pone.0155043>.

Socio-cultural factors, including the perception and attitudes (or beliefs) of society towards people with disabilities; access to social networks that can provide safety and support in case of discrimination; and the correlation between disability vs poverty and disability vs gender.

Physical and environmental factors, including the technical design and construction of WASH facilities; and the distance and accessibility to WASH facilities for people with disabilities.

Communication factors, the approach and methodology used by government and non-government development partners in conducting WASH activities and events.

Institutional factors, including the existence and/or effectiveness (or lack thereof) of laws; regulations and/or policies to support people with disabilities and how they are enforced or translated into practice; and laws and building regulations related to the construction of public WASH facilities.

People with disabilities from LDPA played a critical role in guiding the research process, testing the field data collection tools and promoting a sensitive and inclusive approach during data collection.

'I am happy that we are involved in the research. Many people don't trust our capacity, and find it inconvenient to work with us. This study helped me gain a better understanding of the needs and challenges of different people living with different disabilities in different conditions. I want to have more opportunities to help build their confidence as role models; to speak out and to participate in village events.' (Member of the research team from LDPA, Savannakhet)

Involving the expertise of people with disabilities provided invaluable insight into the day-to-day challenges faced by people with disabilities as well as in formulating recommendations for improved practice and disability inclusion in WASH services.

Key findings

Social and cultural norms limit spaces and opportunities for people with disabilities, particularly for women and children

Understanding of disabilities at community level is limited and many people often equated disability with physical impairments. Community members believed that the cause of disability was bad karma or poverty, and responded with

pity. This attitude can unknowingly take away the autonomy, independence, and decision-making power of people with disabilities; both on issues related to their own personal life and participation in issues of public concern.

People with disabilities did not feel comfortable being perceived as needing help or pity. When asked, *'How do you feel about going out or participating in community events?'*, most responded with *'uncomfortable'*, *'not confident'*, *'worried to be a burden'*, *'ashamed'* *'being different'*, *'being teased'* and *'fear of gossip'*. Shame has led to social isolation for some, particularly for women who faced double discrimination for being a woman and a person with disability. Social stigma, coupled with low self-confidence, deprived people with disabilities of the opportunities to participate in community events or WASH meetings.

'I know about the events as they are announced on the village loudspeaker, but I never participate. I have difficulty with defecating and cleaning myself. My body is smelly, so I feel ashamed when I am around a lot of people because I think I will disturb others with my odour. I also have difficulty in walking, but I don't want to ask others to take me to a meeting as I fear being a burden. Therefore, it is better for me to stay home.'

(Man with limited mobility)

Women with disabilities involved in this study had less access to information about sanitation and hygiene than men with disabilities, and were more likely than men to perceive themselves as a burden on their families. Women's limited mobility was amplified by social exclusion and shame related to their disability. Gendered norms that dictate that menstruation is deeply private resulted in some women feeling a loss of dignity when they required support to bathe and use the toilet.

Research results indicated that an exclusion-oriented attitude towards people with disabilities existed at all levels, including at meetings, schools, informal talks, and village activities. People with disabilities involved in this study were only consulted by family or community members on the design, use, and maintenance of toilets and handwashing facilities in one district: Phalanxay.

Only 3 of the 15 children (6-17 years old) with disabilities in the focus group discussions were going to school. While children with physical impairments had difficulties in getting to school



In a village in Champone district, this man – who lost one of his leg – moves around with the help of a walking stick. He has a toilet at home but there is no water in the toilet, and he needs to carry a bucket of water every time he uses the toilet. There is limited privacy due to the many gaps in the walls made from locally available wood planks.

He said, *'Squatting is not easy, but we do not know how to make it better.'*

and accessing WASH facilities, children with communication and intellectual limitations often experienced teasing, and felt unwelcome and left behind because they could not learn as fast as their classmates. A number of children with disabilities confided that they used to go to school but decided to stop because other children teased them. Children with disabilities who were not going to schools were sometimes left at home alone while the parents went to work in the fields.

Physical barriers to access and use WASH facilities at home are significant

The majority of people with disabilities interviewed in the target villages had toilets at their home (37/41), however, 25% of men and 50% of women with disability reported having difficulties in accessing and using their toilet. Lack of lights, mobility aides, and steep hills reportedly impacted on accessibility of toilets. Toilet designs, such as squat toilets, made it harder for some participants to use. Both women and men reported having difficulties using their toilet. A third of toilets were perceived to lack privacy. Only three households had adapted their toilet to

make it more accessible. Both women and men had ideas for ways in which toilet access and usability could be improved. Lack of knowledge and expense were listed as key reasons by women and men for not adapting their toilets.

The traditional stilt house was a major issue for people with limited mobility, as they needed to descend and climb steps to go to the toilet in the yard. This was even more challenging at night, during the rainy season, and even during daytime when there was no family member or carer to help them.

'I face a lot of difficulties in accessing the toilet because the toilet is under the house. I have to ask for someone to help in accessing the toilet.' (Woman with disability, Phalanxay)

'Although my father adjusted the toilet so I can sit on it, I have to share it with other family members. It is often dirty when I use it after others.' (Woman with physical disability, Atsaphone)

Getting to the water point was reportedly more challenging than it was to reach toilets and handwashing facilities. The main reasons were the longer distance from the houses to water points, and difficulties in drawing water using hand pumps and transporting water back home. Around 50% of women with disabilities reported to have challenges in getting to a water point, while this was only 30% for men with disabilities. The difference could possibly be because a higher number of women in the study had physical impairments relative to men, and women are more likely to be primarily responsible for household tasks, such as cleaning, cooking, collecting water, washing, and taking care of other family members.

Support structures and accessibility of toilets in schools and health centres for people with disabilities are limited

Accessibility and safety audits were conducted in six schools and six health centres with the participation of the management teams at each institution, using a standard checklist facilitated by the LDPA, with support from SNV advisors and district teams. The audit checklists for schools and health centres were based on the key principles of universal design for WASH facilities in public institutions that allow reasonable accessibility to the main buildings as well as to the WASH facilities within the premises for people with different functional limitations.

The audit checklist considered the availability, accessibility, and safety of WASH facilities in schools and health centres. In most cases, toilets were found clean and safe, with water and cleansing materials and stable and non-slippery floors. Key issues highlighted during the audit were related to the pathways and support structures for people with disabilities:

- In 6/6 schools and 5/6 health centres, pathways to toilets were not levelled, were soft, and could be slippery when wet, which made it difficult for wheelchair users and people using crutches or walking sticks and could be dangerous for all users. Also, the pathways (10/12) did not have a clear surface texture or landmarks/guide rails to help people with visual impairments.
- All schools and health centres (12/12) had squat toilets, and only in one school was there a handrail to support users with difficulty squatting and standing-up. This is especially critical for health centres, where pregnant

women, new mothers after delivery, and other patients with severe injuries need support structures to use the toilet.

People with disabilities have limited opportunities to participate in community events and WASH related activities

The majority of people with disabilities involved in the study had never attended meetings or training on WASH. Hygiene and sanitation messages were often shared second-hand by family members. The 30% of men and 12% of women with disabilities involved in the research who had participated in recent community events did not feel they had any meaningful role or contribution to make in these meetings.

'We are not consulted because we are poor and disabled people. We are not confident to speak out and to attend the village meetings. When we speak, people don't listen to us.' (Man with a disability)

Those who have attended the meetings or trainings reported that the materials were not always relevant to their personal needs and that the style of the training or meeting was not inclusive. The main WASH messages recalled by people with disabilities who had attended training were related to handwashing practice. There was a notable lack of role models and/or opportunities for people with disabilities and their families to share experiences and learn from each other to improve their access to hygiene and sanitation.

The limited participation of people with disabilities in village meetings was confirmed by the three heads of village interviewed. They were organising between one and three meetings per month to which people with disabilities were rarely invited. The main reasons were that leaders thought the topic was not relevant to people with disabilities or because they only invited the head of families to attend the meetings.

'I think people with disabilities cannot do anything. So, we just call their caregivers to attend the meeting and then the caregivers can teach the people with disabilities.' (Head of village)

Government has made progress on disability inclusion in national policies and strategies; however, there are gaps between policy and practice

Lao PDR is progressing the inclusion of a disability lens in national policies, especially in the areas of education, health, hygiene, and sanitation. Some key policies include:

The Ministry of Education and Sport’s (MOES) National Policy on Inclusive Education in 2010, aims to ensure girls, women, members of ethnic groups, people living in rural and remote areas, people with disabilities, and other potentially disadvantaged groups are included in the national education programme. The ministry’s 5-year plan for inclusive education (2020–2024), includes the requirement for all new school buildings to comply with new construction standards with adequate WASH facilities and accessibility for children with disabilities.

The Ministry of Health’s (MOH) updated national strategy and policy for rural WASH has the mission to ‘ensure equitable access to WASH facilities and services for all, including men and women, elderly people, people with disabilities, and people in vulnerable groups, with a strong focus on the poor’. MOH has also recently issued guidelines on the establishment of WASH committees at the village level. Each committee should comprise of ten people, including at least 30% women, and requires that members should be ‘mentally and physically fit’.

The Ministry of Labour and Social Welfare’s (MOLSW) 2018 guideline on accessibility to WASH facilities in public institutions and public places (bus stops, markets, airports), and a new law on the rights of people with disabilities (2019). To date, these documents are not widely disseminated to provincial and district levels.

Unfortunately, a lack of resources, expertise, and capacities, especially at the local level, limit the ability of government to implement these policies. Although the central government has policies and guidelines in place to ensure inclusive WASH throughout the country, these policies still need to be rolled out and implemented in communities.

In practice, public and community schools in the districts did not comply with the MOES WASH in School standards (including accessibility requirements for school buildings) which are seen as difficult to follow, hard to understand, and having costs beyond existing budgets.

‘I don’t know if there are standards for national health facilities, but there are many health centres that have no toilets for people with disabilities.’ (Labour and Social Welfare (LSW) staff at district level)

‘The government has policies and laws for people with disabilities, but there is a lack of dissemination nationwide because the government does not have a specific budget for this. For Savannakhet province, we try to include the vision, mission, and principles into every provincial consultative workshop where possible.’ (Provincial Department of LSW, Savannakhet)

At district and provincial levels, knowledge and understanding of disability inclusion, rights, and policy is limited. Officials from the three district departments of education, health and LSW, stated that: ‘we’ve never been trained on working with people with disabilities or disability inclusion’, but they all recognised that it is necessary to be trained. None of the district officials have experience in consulting people with disabilities regarding WASH access and issues.

‘Very few staff at district and provincial levels have been trained on disability inclusion. Only the central level has the knowledge and capacity to train; however, there is no budget for that.’ (Representative from MOES)

Government officials from the district education and health departments stated: ‘they don’t consult people with disabilities because their work doesn’t focus on people with disabilities and so they have had no guidance related to WASH for people with disabilities’. Officials from the district department of LSW office indicated that until they joined this project, they had never worked on WASH.

Recommendations for disability inclusion in WASH services

Disability inclusion in WASH services requires engaging in multiple strategies to address the barriers that impede people with disabilities’ enjoyment of their right to water and sanitation. Key to this is supporting government line agencies to perform their role as duty bearers, and creating partnerships that involve various rights holder groups meaningfully.

Awareness of the rights of people with disabilities, and the impact of norms and social stigma is limited. It points to the need for the increased valuation of diversity and inclusion within WASH programming.

Design targeted behaviour change communication activities, and use different channels to communicate messages (e.g., mass media, social media, and community events). Create enabling conditions for people with disabilities to serve as role models, network and participate, be listened to and lead WASH actions – at all levels – to promote self-confidence, community awareness, and respect for people with disabilities. Eliminate communication barriers, e.g., non-inclusive training methodology and inaccessible behaviour change communications.

Invest in strengthening capacity of district service providers in WASH accessibility and safety auditing; in schools and health care facilities (HCFs). These may include providing technical guidance to school and HCF management teams' development and implementation of WASH accessibility improvement plans. Collaboration with specialist organisations, e.g., DPOs, is highly advised to facilitate interdisciplinary learning and strategy development, for example, in the generation of highly visual guidance materials (in local languages) or the design/production of sanitation technology options (using locally available materials) for household adaptation.

Dismantle institutional barriers that manifest norms of exclusion. Address discriminatory rules within WASH Committees, for example. Bridge the policy and practice gaps between national and sub-national levels through budget advocacy, further capacity and integration in plans, and share experiences to increase budget allocations for sanitation improvements.

Beyond the Finish Line - SSH4A in Lao PDR

SSH4A in Lao PDR aims to progress access and use of safely managed sanitation and hygiene by 2022 that directly benefits over 200,000 people in the three districts of Savannakhet province: Atsaphone, Champhone and Phalanxay.

SNV

SNV is a not-for-profit international development organisation that makes a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. Focusing on three sectors – Agriculture, Energy and Water, Sanitation and Hygiene (WASH) – SNV has a long-term, local presence in over 25 countries in Asia, Africa and Latin America.

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Photos

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P1: Traditional stilt houses make it difficult for people with limited mobility to access WASH facilities (Phalanxay district)



SNV in Lao PDR, 'Understanding the barriers to access WASH facilities and services for people with disabilities in Savannakhet', *Research brief - SSH4A*, The Hague, SNV 2020.

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