Understanding access to Water Sanitisation and Hygiene for people with disabilities in Jaffna District, Sri Lanka

Executive Summary

World Vision Lanka is working to improve access to safe drinking water and sanitation in Jaffna District, with funding from the Australian Government. The RIWASH 3 program includes a specific focus on reaching the most vulnerable groups in the community, including people with disabilities. In early 2016 World Vision Lanka contracted Northern Province Consortium of Organizations for Differently Abled (NPCODA) to carry out an in-depth assessment of disability to further explore the experiences and perceptions of people with disabilities in accessing Water Sanitisation and Hygiene (WASH). Findings from this study are presented, which highlight the complex and interacting barriers faced by people with disabilities in accessing WASH facilities and the impact this has on their lives.

Introduction

In 2010 the UN Human Rights Council confirmed access to water and sanitation is a basic human right. At a national level, rates of access to improved drinking water and sanitation in Sri Lanka are well above the regional average, with 96% and 95% access to improved water and sanitation respectively.\(^1\) However, these statistics mask inequalities in access between urban and rural areas, and across geographic regions, with people in the recently conflict-affected Jaffna District experiencing substantially lower rates of access.

Attitudinal barriers that create stigma, shame and discrimination; physical barriers such as inaccessible infrastructure designs; and communication barriers all limit the extent to which people with disabilities can benefit from efforts to increase community access to WASH.\(^2\) A lack of specific policies and strategies to address these barriers (such as a specific commitment to accessible design in public infrastructure) can further perpetuate these issues. Understanding what the barriers to WASH access for people with disabilities is a critical first step towards disability inclusive WASH.

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Overview of disability in Sri Lanka

The 2012 National Census identified 1.62 million people with disabilities in Sri Lanka, aged 5 years and over (8.7% of the population). In Jaffna District, disability prevalence was found to be higher than the national average at 9.6%. Anecdotal evidence suggests disability rates in Jaffna are substantially higher than recorded in the Census, as a result of the extended conflict.

People with disabilities are amongst the poorest of the poor in Sri Lanka. Employment rates are low (estimated at 16%), resulting in many people with disabilities being dependent on others for the duration of their life. Social exclusion and negative attitudes towards people with disabilities are widespread, resulting in their exclusion from family outings and social celebrations such as weddings, community activities and festivals. Cultural beliefs associating disability and individuals who have disability with misfortune and perceiving them as omens of bad luck also contribute to exclusion. Women with disabilities are often further disadvantaged compared to men with disabilities – education and employment rates are lower and poverty rates are higher. Women with disabilities also encounter stronger negative attitudes, leading to families becoming protective and in many cases over-protective, thus further limiting their inclusion in society.

Understanding WASH and disability in Jaffna District

World Vision Lanka contracted NPCODA to carry out a in-depth disability assessment. This assessment aimed to explore opinions of people with disabilities and other community members on disability inclusion in WASH facilities, in order to further understand the current level of access to WASH for people with disabilities and barriers and enablers for this.

Methodology and limitations

The assessment was carried out from January – May 2016. Five workshop discussions were conducted in Tamil involving people from the 11 Grama Niladari Divisions of Chankanai and Chavakachcheri where the project is implemented. This included a total of 141 people, including 63 people with disabilities and 78 people without disabilities, randomly selected and including both males and females, and parents of people with intellectual or psychosocial disabilities. The workshops were facilitated by both people without disabilities. Ten government officers working on issues related to WASH and disability in the project

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areas were also purposively selected for key informant interviews. These key informant interviews were conducted by a person with a disability.

A questionnaire involving 48 questions was developed in English (with technical input from CBM Australia) and then translated into Tamil and used to guide the workshops. An interview guide was prepared with 11 questions to guide the key informant interviews. Qualitative data analysis was led by NPCODA, which involved analysing the most common opinions and alternative opinions of the workshop participants in relation to each question. CBM Australia facilitated a supplementary thematic analysis with NPCODA representatives in November 2016, to assist with drawing out key findings and themes from the research and exploring gender-related findings in more detail.

Some limitations include; the workshops were large in size which many have affected whether follow up questions and clarification could be sought. In addition, no discussions were split into gender-specific groups, which may have affected what women and men were willing to share.

Key Findings

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

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

   Women with disabilities are at an increased risk of mockery, sexual harassment and sexual abuse when leaving their home to access WASH facilities such as wells or water points.

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

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

   It was reported that some people with disabilities do have good hand washing habits while others do not. The assessment also found that people with disabilities had difficulties accessing WASH information. In some cases, family and community members block information reaching people with disabilities.
3. **Providing inclusive WASH environments is a collective responsibility.**

   People with disabilities and government felt that Government, Non Government Organisations (NGOs), Community Based Organisations (CBOs), Health Sector Officers, teachers (both preschool and school) and families all had a role to play in supporting disability inclusive WASH.

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

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

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

   The assessment found that people with disabilities found it hard to participate in decision-making activities related to WASH at the family and community level. In addition, people with disabilities are discriminated against due to community perceptions that they have lower physical and intellectual abilities than others in the community. It was reported that families and communities often create additional barriers that prevent people with disabilities from participating.

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

   While some community members felt that people with disabilities should be active participants in community events, there was still cultural stigma where it was felt that people with disabilities are inauspicious. These views often lead to teasing of people with disabilities at public events. Women with disabilities face increased barriers to participating in community events. This is due to lack of self-confidence, only being invited infrequently, the distance and transport required to attend the event and that there are very few accessible toilets in public places.

**Recommendations**

Addressing the barriers identified in the in-depth disability assessment will require working together to improve the physical WASH infrastructure, challenging negative community attitudes and ensuring people with disabilities are targeted for hygiene promotion messaging and that messages are presented in accessible formats.
Government policy makers and institutions

- There is already broad policy level commitment to inclusive WASH in Sri Lanka, through statements that highlight the importance of access to all citizens. This should be strengthened by explicitly acknowledging the difficulties faced by people with disabilities in accessing WASH facilities, and should be accompanied by a commitment to universal design of public WASH infrastructure. This would also benefit other members in the community such as the elderly, pregnant women and children.

- There is a need to revise existing guidance on requirements for accessible design and differentiate between the required approach for public WASH facilities (which should adopt universal design principles) and private facilities (were a more targeted design is appropriate). This should include considering the cost-effectiveness of design options, as the cost of current approved accessible designs are sometimes prohibitive for households.

- Specific budget allocation should be made at sub-national/district levels to cover the costs of universal design features in public WASH facilities, support for construction of accessible household latrines (designed in consultation with families) and to ensure public-funded hygiene awareness activities are accessible and reach people with disabilities.

- In line with the United Nations Convention of the Rights of Persons with Disabilities, Disabled People’s Organisations should be consulted and involved in the development of policies and government action plans to ensure that their perspectives are included. This should include representation on WASH planning or steering committees at division, district provincial and national levels.

- Existing data collection processes used to monitor access and use of WASH at a household level should be disaggregated by disability to enable monitoring of the effectiveness of inclusion strategies.

WASH program implementers

- Community-based WASH programs should be designed with the goal of reaching all people within a community, acknowledging that some will have specific requirements in order to enable their access to WASH, which need to be identified and addressed. This should include a commitment to universal design of public WASH infrastructure.

- WASH programs should specifically seek to identify people with disabilities in communities so that targeted support can be provided throughout the program. This should include inviting people with disabilities to participate in WASH community consultations and planning processes, which can also be used to raise awareness of the importance of ensuring all people in the community benefit from the program. In addition, given people with disabilities often do not participate in community events,
budget and time should be allocated for staff to travel to the homes of people with disabilities to seek their involvement and distribute information. This can also be used as an opportunity to refer people to relevant health or rehabilitation services if needed.

- Where possible, people with disabilities should be encouraged and supported to actively contribute to program implementation. This could include for example participating in WASH management committees, as enumerators for baseline and endline surveys and in hygiene promotion activities. This not only ensures their perspectives are considered, but also demonstrates the capacity of people with disabilities and can be a powerful way of challenging negative attitudes.\textsuperscript{10}

- The additional needs of women with disabilities should be considered and prioritised throughout WASH programs. Ensuring active consultation with women with disabilities on the design and location of WASH facilities will help to make sure they are not forced to undertake unsafe sanitation and hygiene practices.

**Conclusion**

The in-depth disability assessment highlights some of the complex range of barriers faced by people with disabilities, and particularly women, in accessing WASH facilities in the Jaffna District and the impact this is having on their lives.

While broad policy commitment exists to ensuring that all people in Sri Lanka have access to WASH, government institutions and community programs must work together to ensure these commitments become a reality across Sri Lanka.

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\textsuperscript{10} People with disabilities were engaged as enumerators in the baseline assessment for the RIWASH 3 Project. They reported that this increased their self-confidence and helped to challenge attitudes that people with disabilities were not capable.