

WASH and disabilities in Bangladesh

How can WASH reach everyone forever?

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Did you know poverty is both a cause and a consequence of disability? One in five of poor people in developing countries are disabled. They often lack basic services, including accessible sanitation.

At IRC we believe this needs to change.

Estimates suggest that from 10 to up to 20% of poor people in developing countries are disabled, which is significantly higher than the commonly assumed 7-10 % of people with disabilities in the general population. People with disabilities in developing countries are less likely to attend school, have access to medical services, or have their voices heard in society.

At IRC we believe that access to safe and clean water and sanitation facilities is a basic right of all people, including people with disabilities. Still, disabled people mostly live without access to basic sanitation services. The UN estimates there are over 750 million disabled in the world, and 75 % live in low-income countries. Numbers are increasing, due to violent conflicts, accidents, HIV/AIDS, environmental pollution and ageing. The numbers of disabled are higher amongst the poorest of the poor in low-income countries; as many as one in five are likely to be disabled.

Poverty as a cause and consequence of disability
Both poverty and disability can drastically limit opportunities and choices. Disabilities often occur with poor people due to unsafe water and nutrition, inadequate living conditions, poor hygiene and sanitation, limited (access to) health services, more exposure to environmental pollution, war, conflict and disaster, lack of information, HIV/AIDS and hazardous working conditions. At the same time, the likelihood of poverty of a disabled person increases through the lack of access to education or employment, social exclusion, missing assistive devices and inadequate medical treatment.



People with disabilities are one of the most excluded groups in society. Disability, particularly of the head of household, inevitably exacerbates poverty of the whole family due to increased expenses, lack of income from work and lack of opportunities due to social exclusion. Caused by poor nutrition, dangerous working and living conditions, limited access to health care, poor hygiene, bad sanitation, inadequate information about causes of impairment, war and conflict and natural disasters create disabilities of which as many as 50 % are preventable.

Working on disability
IRC is currently working to help around 75,000 people in Rangpur and Rajshahi in the Northern part of Bangladesh who are disabled to gain better access to sanitation. We are working with the London School of Hygiene and Tropical Medicine with a grant from ADRAS for research on access to sanitation for the disabled. The three-year project runs until 2016 in both Malawi and Bangladesh. IRC's focus in this project is on Bangladesh, where our work is linked to BRAC – Bangladesh's largest NGO that works in sanitation. IRC hopes to give a better insight into the prevalence of disability and on access to sanitation.

Objectives of the project

- Develop and pilot simple survey questions for collecting quantitative and qualitative data on the nature and extent of WASH access and accessibility problems experienced by people with disabilities.
- Disseminating these questions to relevant stakeholders in the WASH and disability sectors.



- Collecting data on the extent and nature of WASH access and accessibility problems experienced by people with disabilities at two sites.
- Piloting and evaluating potential activities to mitigate the WASH access and accessibility problems experienced by people with disabilities.
- Disseminating learning about the effectiveness and feasibility of potential mitigation activities.

Going beyond: understand those with a disability
One of the aims of the survey we conducted in Bangladesh was to see if a focus on disability alone was not too narrow for this research as many people with non-specific medical reasons might also struggle with autonomous access and accessibility. The data confirmed that most access and accessibility problems are health related.

Initial conclusions

- Focusing on sanitation problems we assume that the disabled have experienced access problems to their sanitation facility, implying that they can all reach their sanitation facility.
- The initial findings show that there was a general mobility problem in simply reaching the sanitation facility so questions related to sanitation access and accessibility issues proved difficulty to answer meaningfully. The idea in this project is therefore to collaborate with disability organizations and rural sanitation markets on the ground to solve both general mobility problems and WASH related accessibility problems.
- What is unclear from the survey information so far is whether the problem with access to sanitation is due to a physical problem only or if these are related to some design criteria. In order to get more clarification on this issue, some further participatory research is currently being undertaken.

Lessons learnt so far

- Almost one third of the interviewed people were above 70 years old, which is the official health

expectancy (BBS, 2014). This might indicate that age related health issues are a serious contributor to problems on access and accessibility to sanitation. However children and adolescents are not excluded from having access problems.

- While physical mobility is the main cause of access and accessibility problems it is by no means the only issue.

Skills expertise and tools
In order to ensure that services are accessible for everyone, skills, expertise and tools need to be brought to the table. Bringing key partners to the table is the main role for IRC. Key elements IRC works on are:

- Technology developments to minimise constraints, reduce costs, increase appeal to the consumer and therefore improve quality of service;
- Investment plans to facilitate various types and levels of financing and make them available for entrepreneurs, businesses, and customers and that are engaged in monitoring, evaluation, and learning efforts;
- Encouraging multi-sectoral partnerships and generally improving structures and systems for business incubation around disabilities. In line with D-WASH, this entails mainstreaming facilities and services to include persons with disabilities and encouraging changes in attitude and behaviour.

