

Equity and inclusion

Reaching the excluded



A WaterAid report

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Front cover image: WaterAid/Jon Spaul

“I do not understand exactly why I went blind but I know it was to do with the water here. I go to fetch water – a child leads me there and I can carry it home. I know lots of other people in the village with the same problem. The most important things we need in this village are first water and then a road – that would bring development.”

Nyaama, Aurigo village, Ghana

Equity and inclusion: reaching the excluded

WaterAid is strongly committed to addressing exclusion to ensure that the poorest and the most marginalised have access to safe water and sanitation. This paper explores the issue of exclusion in terms of who the excluded are and the multiple factors that cause exclusion and hence discrimination.

It tries to briefly assess the implications for those who are excluded, which then form a strong rationale for WaterAid and its partners to address exclusion through an approach that is based on equity and inclusion, recognising the 'rights' perspective to service provision and accountability. In the process, it highlights some implications for WaterAid and its partners, and puts forward a preliminary set of proposals.

Introduction

WaterAid's 2005-10 strategy has committed to reaching out to the poorest and the most marginalised people and communities, with a specific focus on those with the greatest needs. This has been articulated in greater detail within our Country Strategic Plans, which take into account the social, economic and political contexts that impact on communities.

Current progress towards achieving the Millennium Development Goals is disappointing, creating real challenges in reaching the poorest and most marginalised. Within the context of achieving the Millennium Development Goal targets related to water and sanitation by 2015, the latest Joint Monitoring Programme report highlights that going by the current trends, in 2015 0.9 billion people will still lack access to improved drinking water and about 2.4 billion people will still be without improved sanitation.

Failure to achieve the water and sanitation targets will negatively impact upon achieving other MDGs as well, especially those related to health and education. By supporting our partner organisations to promote equitable and inclusive access to sustainable services, WaterAid is striking at the heart of the crisis.

Who are the excluded?

Excluded people are those who have been **systematically discriminated against** for various reasons beyond their control. They include women, people with disabilities, people living with HIV/AIDS, children and the elderly.

Why are they excluded?

Various factors contribute to people being excluded. Social factors, for instance, are deep-rooted in centuries of socio-cultural practices, while other factors tend to be dynamic, for instance economic and political factors. As well as exclusion from

economic activity, exclusion from health and education creates a downward spiral of poverty with increasing effect.

1. Social factors

- **Sexual discrimination** In most countries, women are denied equal status through social or cultural practices
- **Age** Children and the elderly tend to be marginalised or excluded from essential services
- **Caste, ethnicity and religion** This can be the basis of exclusion. Where this denotes a minority, they are often also economically and politically weak
- **Disability and illness** Specific conditions such as living with HIV/AIDS can provoke fear and stigma, exacerbating exclusion

2. Economic factors

- Developing country governments lack resources for investments or high levels of income through taxation which, combined with lack of effective governance, contributes to low levels of investment for basic public services, including water supply and sanitation systems
- Lack of earning capacity or livelihood options for rural communities causes urban migration to low paying, unorganised and highly exploitative conditions
- In urban contexts, the economic poor tend to inhabit areas that are not considered a priority for service provision, a situation further aggravated by the perception that the poor are not 'willing to pay' for services
- A lack of land tenure and poor infrastructure combine to further enhance poverty and marginalisation from development processes, especially in unplanned urban settlements

3. Political factors

- Political conflicts could cause conditions that exclude certain people and communities from accessing services
- People who are voiceless and are not empowered or organised to articulate their demands for better service provision often have no political representation
- The political situation and weak governance in many countries are not conducive to or supportive of a policy environment and practices that proactively address exclusion and discrimination tend to have inadequate legal provisions and enforcement mechanisms

4. Geographical factors

- Distant rural and isolated communities are often denied access to services through their 'invisibility' to policy makers

- Some areas are traditionally prone to natural disasters such as droughts, floods, earthquakes and cyclones. Any effort to improve services can be wiped away which means these areas are unattractive investment propositions for donors and governments.
- With low emphasis on rehabilitation (as opposed to fresh investments), infrastructure that becomes dysfunctional is seldom revived

5. Environmental factors

- Crowded urban and peri-urban settlements pose serious obstacles to providing access to services for communities
- Climate change in arid and semi-arid zones could cause serious water resource depletion in the future, a trend that is already being witnessed in many parts of the world. This can be exacerbated by over-extraction of water or pollution caused by sanitation facilities located too close to water sources

These are not exclusive groupings and some of the poorest people, and especially women, are most likely to suffer from multiple factors that exclude them.

What is important to realise is that it is not as simple as factors of exclusion causing a lack of access to essential services like water and sanitation. In fact, the two are mutually reinforcing – what is better known as the cycle of poverty.

Implications for the excluded

There are broadly two types of implications that excluded people and communities face:

1. On the **supply** side, the implications are that the **needs** of excluded people and communities are not understood, appreciated or addressed. A more fundamental issue is the limited understanding of or sensitivity about who the excluded are and how they can be reached
2. On the **demand** side, excluded people and communities are usually voiceless and powerless. They have neither the capacity nor confidence to articulate their demands, and because of this, they pose no threat to policymakers or service providers in demanding sustainable and affordable access. This, therefore, results in a denial of their **rights** to entitlements, including basic services

It is important to recognise that the above factors can be active or passive in how they impact people. For example communities/individuals can actively deny services to others or they can ignore the presence and needs of certain groups.

A combination of these factors lead to the following adverse impacts:

- **Poor health outcomes** High levels of morbidity and mortality due to diseases – cholera, diarrhoea, dysentery, typhoid etc

- **Education** High absenteeism and high drop out rate among girls, especially on reaching puberty
- **Economic burden** High costs to meet health expenses and reduced income levels due to poor health; low educational attainments leading to limiting livelihood options
- **Discrimination and marginalisation** Disproportionate burden on women and children in collecting water; people with disabilities, the elderly and those with HIV/AIDS being discriminated against; risk of violence against women due to inadequate privacy in water and sanitation facilities; loss of dignity and self-esteem

A case for equity and inclusion

WaterAid's mission is to overcome poverty by enabling the world's poorest communities to gain access to safe water, sanitation and hygiene education. We believe that access to these basic human rights forms the first, essential step in overcoming poverty.

However, the current trends in the wider world of aid and development are disturbing and clearly unacceptable. WaterAid and its partners have a critical role to play in ensuring that the excluded and the marginalised people are not left out in the race to meet quantitative targets, and that the needs of these people are understood and prioritised by governments and donors.

The Millennium Development Goals shape much of the world's development activity and yet even if the overriding target to halve the proportion of people living in poverty were achieved, there are some serious concerns:

- The targets are set based on coverage data from secondary sources, which, based on the experience of our partners and our own in the countries and regions/districts we work in, are highly questionable and inaccurate
- The MDG targets are about halving the number of people without access to improved water or sanitation. Given the universal emphasis on quantitative and measurable targets, it is highly likely that the 'easier to access' will benefit more than those 'difficult to access'. And even assuming that the MDG targets will be met, in the run-up to 2015 and beyond, the question of 'the other half' will still remain
- Realistically speaking, achieving the MDG targets and ensuring that the poorest and most excluded communities benefit would require huge political will, and recognition that access to water and sanitation are basic human rights. A supply-driven, target-based approach will not be effective in addressing inherent causes of discrimination and exclusion

Equity and inclusion is therefore a defining principle of our work. WaterAid is moving from a '**needs-based**' approach towards a '**rights-based**' approach, one that recognises the rights of the poor and excluded to basic services, addresses the immediate, intermediate and fundamental causes of exclusion and integrates it within

an accountability and governance framework. This requires us to work closely with our partners and support them in integrating equity and inclusion in their programme and policy approach.

Equity takes into consideration differential needs of different sections of communities and aims at approaches that respond to specific needs. At a micro level, it is about looking at relative disparities or disadvantages within the family and community in accessing services. For example, what are the disadvantages that women, children, the elderly, the disabled or those suffering from chronic illnesses face in accessing services? How can provision of services be made so that these disadvantages are overcome? At a broader or more macro level, understanding the dynamics which result in certain regions being favoured over others, or certain sections of the population enjoying greater political influence and hence better serviced, will assist the direction of support to those without representation or access to services.

Inclusion takes the form of affirmative action – reversing the downward spiral of poverty. Through understanding the cause of inequity, appropriate assistance can be focused upon addressing it. For instance, if the needs of an excluded group are not being attended to, is this a result of a lack of opportunity, confidence or capacity to articulate demands? The process of inclusion is not just supporting access to services, but engaging with communities to involve them in all the processes for ensuring their rights and therefore needs are recognised, promoting their essential role in planning and managing service delivery, and providing training to ensure sustainability.

Equity and inclusion are therefore interrelated. In practice, addressing them requires better recognition and understanding of the differential needs of different people and groups. Crucially, it means identifying and implementing appropriate solutions.

Our response

In our strategy for 2005-2010, it was clearly stated that: 'WaterAid will (also) seek to maximise the impact that (these) projects have on the communities as a whole, especially the poorest and the most vulnerable. As such, WaterAid will further develop its ability to identify and work with those people who are excluded from accessing water and sanitation on the basis of the economic or social factors such as ethnicity, religion, gender, age, social status or HIV/AIDS.'

The country strategic plans prepared by WaterAid's country programmes in 2005 and 2006 further detailed the specific issues affecting the poorest and excluded people, and articulated measures to integrate equity and inclusion in their respective strategies with their partners.

More recently, WaterAid's *Core messages* document reasserts our belief that water and sanitation are basic human rights and addressing this is key to overcoming poverty. The following section provides an overview of our response, based on various country reports, which are indicative of the various interventions, but are not exhaustive.

As we continue to develop our understanding on reaching the excluded, we are conscious of the need to work at various levels. These are broadly at **four levels** – the community level, the sub-national level, the national level and the international level, as shown in the following table with some key interventions:

Factors/Levels	Community	Sub-national	National	International
Social	Analyse causes; Identify groups / needs	Identify un-served communities	Research on constraints in service provision	
Economic	Wealth ranking; Targeting subsidies; Affordable services	District level plans for resources to be more equitable	Sector budget monitoring; Tariffs and affordability issues	Evidence on aid flows to poorest countries
Political	Representation of excluded in community processes	Consultation forums; Citizens' action	Strengthen pro-poor governance and accountability; Strengthen civil society networks and working with media	Targeting G8, major donors
Geographical	Mobilise communities; Understand the factors causing communities to live in vulnerable areas	Mapping of water points to highlight inequities	Work with urban poor in peri-urban and unauthorised urban slums	Highlight rural and urban disparities in service provision
Environmental	Appropriate technology	Identify under-served regions	Climate change and its impact on the poor and excluded	Climate change and its impact on the poor and excluded

At the **community level**, our efforts and that of our partners will be to understand who the excluded are, the underlying causal factors and working with those people to identify appropriate solutions. Discussions are held by our partners with community members. Some examples of how these have been implemented are:

- Community consultations to understand the needs of the different sections and identifying who the excluded are through participatory processes such as poverty mapping and wealth ranking
- Identifying people with unequal access to, or use of, water and sanitation services, eg. child friendly toilet facilities, toilets and hand-pumps for disabled individuals, research on the needs of people with HIV/AIDS
- Differential pricing structures for people from different categories within poor communities
- Community level subsidies for the very poor or free provision of water to the poorest and most vulnerable
- Identifying appropriate technology that ensures better access, affordability and management, and tailored to specific environmental contexts
- Representation of people from excluded groups in community planning and managing of projects
- Mobilising excluded communities and people to develop their capacity and confidence to stimulate a response

At the **sub-national level** (district, state / provincial or regional level), our efforts and that of our partners are targeted at local governments, line departments tasked with service provision, public utilities and service providers. Some of these measures include:

- Formal representation of community concerns on service delivery through various consultation forums and initiatives such as Citizens' Action that focus on the rights of people to services and the need for service providers and governments to be accountable
- Mapping of water and sanitation facilities in terms of access and functionality, analysing results from community planning and mapping processes
- Identifying pockets of un-served or underserved communities based on the above and planning for appropriate levels of investments and interventions
- Identifying physical and financial targets at the district level to achieve MDGs and ensuring that these are further tailored to meet the needs of the poorest and the excluded
- Analysis of resources available and working with local governments to sensitise them on the need to reach out to the poorest
- Working with water and sanitation units in local governments and sensitising them on specific needs of specific groups
- Organising sensitisation and capacity building workshops to enable local governments and service providers to integrate equity and inclusion
- Joint planning of collaborative approaches for better targeting of people most in need

- Research on constraints (social, physical, financial) faced by the poorest and the excluded in accessing services to ensure services are designed to better meet the needs of such people

At the **national level**, our focus and that of our partners has been to address the higher level issues of accountability and governance that are key in recognising the right to water and sanitation and contributing to equitable service provision.

The need is to support the creation and development of a policy and governance framework which both represents and supports equity and inclusion. Understanding the institutional processes which determine the priority accorded to water and sanitation as a sector, as well as the politics that control the flow of resources, contribute to ensuring service provision is accountable, transparent and responsive.

Consequently, policymakers and donors are then able to ensure that service providers deliver equitable and sustainable services. Some of the efforts have been:

- Working with public utilities to better understand how affordability issues of the urban poor can be tackled
- Focused research using water and sanitation mapping as a tool to determine levels of investments required for sustainable services in areas and for communities considered 'hard to reach'
- Analysing water and sanitation sector budgets, identifying constraints that restrict effective use of the funds and targeting the poorest
- Strengthening national level networks of civil society and facilitating a more coordinated approach of dialogue with key stakeholders on addressing issues of exclusion
- Understanding the impact of climate change on issues of sustainability that will affect the poorest and excluded the most
- Engaging with the media to increase the visibility for the sector and the role that effective water and sanitation can play to help eradicate poverty

At the **international level**, the efforts have been coordinated by WaterAid's Public Policy and Education Department in consultation with our country programmes and other UK teams to sustain our engagement with key global players such as the governments of G8 countries (and principally the UK), international financial institutions such as the World Bank, the Asian Development Bank and the African Development Bank, and multilateral and bilateral donors such as the EC, DFID, UNICEF and others.

In addition to advocating for more resources for the water and sanitation sector, our efforts are also on ensuring that equity and inclusion are integral to the approaches of these institutions by focusing on various forms of inequities at the global level such as the disproportionately low level of aid to poorer or poorest countries and lower investments in rural and peri-urban regions as against the more attractive large urban centres.

We have also been engaged in various debates, for instance around the role of the private sector, local technologies, sustainability, and climate change.

Implications for WaterAid's work

Consistent principles, diverse options to ensure that the options chosen by us and our partners are appropriate for the specific context, rather than a 'one-size fits all' standardised approach

- **Investing time in understanding context** so that there is a clear identification by us and our partners of those who are the poorest and the excluded, and focusing our attention on ensuring that these people benefit significantly from our interventions
- **Choice of partners** We will need partners with a higher level of sensitivity, capacities and skills to address issues of equity and inclusion
- **Sensitisation, capacity and skills building** within WaterAid and partners so that there is a clear and consistent understanding on the need to integrate equity and inclusion, especially from a rights perspective, and a shared understanding and practice of the values
- **Varied pace of implementation** More time to be invested by us and our partners in identifying and engaging with the poorest and most excluded people
- **Aim to be cost effective** Costs could be varied across contexts and probably higher than it may have traditionally been
- **Reflection at all levels** To be rigorous to ensure that we are effective in reaching out to the poorest and the excluded and that we have the right mechanisms in place to monitor and evaluate our effectiveness in integrating equity and inclusion
- **Advocacy** To promote equity and inclusion to be recognised across the board as an integral part of development

Moving forward

To take this element of our programme approach forward, the following preliminary proposals are suggested:

- Review our analysis on exclusion and discrimination during the upcoming strategic review at country and organisational level, strengthen the analysis, based on which WaterAid and partners can be more strategic and effective in integrating equity and inclusion
- Equity and inclusion as a learning theme, to be co-ordinated by Programme Support Unit, to share experiences across partners and Country Programmes, initially focusing on three themes: gender, disability and HIV/AIDS
- Mapping our existing partners to assess their competencies to work on equity and inclusion and plan for appropriate measures
- Work with key external institutions (eg the Chronic Poverty Research Centre at the Institute of Development Studies at the University of Sussex) to develop our

understanding on equity and inclusion, especially within a rights perspective, and where appropriate, plan for specific research to understand how exclusion and discrimination constrains access to water and sanitation and how lack of access to water and sanitation exacerbates exclusion and discrimination

- Plan an impact assessment focusing on equity and inclusion in one country programme during 2007-08 to explore further how WaterAid and partners can be more effective and strategic
- Review of internal HR policies and practices so that equity and inclusion is integral to all spheres of our work, understood as a value and adapted as practice

Conclusion

As mentioned earlier, there are strong internal and external imperatives for us to ensure that equity and inclusion as a principle is integral to our programme approach. Given the importance of ensuring that the poorest and most marginalised benefit significantly from WaterAid supported interventions, it is absolutely critical that this becomes central to our work and that of our partners, and hence, become our defining principle.

This would require us to look at our approaches creatively and, while we would want to ensure that our programme principles are applied consistently, it is a move away from standardised, one-size fits all approach. It would mean working closely with partners and supporting them in integrating equity and inclusion in their programme approach.

This would indeed be challenging and would have varying implications for our work and that of our partners in terms of diversity of options and approaches, pace of programme implementation and costs. Equally, there will be key challenges internally for us as an organisation as we try to understand how to integrate issues of equity and inclusion (eg gender, disability, HIV/AIDS) into our organisational and human resources policies. But a clearer integration of equity and inclusion would be key to us being effective in terms of outcomes and impact.

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¹ With contributions from Jonathan Burton, Yerefolo Malle, David Shaw, James Wicken, Jerry Adams, and Barbara Frost. Thanks also to Samantha French, Jane Scobie and Therese Mahon for providing the case studies.

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Disability: case studies from Mali and Nepal

Introduction

Disability within the community is a challenge to providing access to safe water and sanitation facilities for all. People with physical impairment have difficulty accessing and using existing water and sanitation facilities and are often excluded from the planning and implementation phases of new facilities.

Hari Bahadur Sapkota, 52, of Khadka Chaur in Nepal, has been disabled since the age of 15 due to leg paralysis. He used to have to crawl for about 30 metres uphill to defecate in the open. His hands were contaminated with worms on the way:

"Now I am free from worms after a suitable latrine has been constructed for me," he says. "I have also started washing my hands with soap after defecation, before cooking and eating meals. Since I have taken responsibility of household chores for cooking meals, hand-washing with soap has also helped safeguard the health of our family members."

Below are two examples of how WaterAid and its partners have supported projects in West Africa and Asia in order to put disability issues at the heart of our work.

Case studies

Mali: the Thienfala community

In 2006, WaterAid, together with SightSavers International, piloted a project in Thienfala, Mali, to provide access to water and sanitation facilities for people affected by trachoma and other disabilities.

Thienfala has a population of 2,000 people, where the majority of the population is either visually impaired or blind. It is a very poor community whose livelihood is based on gardening and farming. The main water sources were two traditional wells¹ which used to run dry from November to June every year. In the dry season, people would have to rely on water from a contaminated river, making the task of collecting water particularly difficult for the blind and visually impaired.

In an effort to address the issue of adequate access to water and sanitation for all, WaterAid collaborated with SightSavers to rehabilitate these two wells, provide sanitation facilities and promote better hygiene practices.

The pilot project involved disabled people when planning water and sanitation projects. Some of the design changes to wells and latrines included:

¹ Constructed by SightSavers with one solely for household use and the other for farming.

- Covering and narrowing the opening of the wells and thereby reducing the danger of blind people falling into the well
- Installing a metal plate on the wheel over the well. The sound of the bucket hitting the plate indications to the blind person when it was safe to remove the full water container
- Constructing a trench around the well so that disabled people can draw water more easily for watering their gardens
- Using a mould which raises the hole in the latrine slab therefore making squatting easier
- Adoption of a raised 'chair' on the latrine slab thereby greatly improving access and use of the latrine for the blind and visually impaired

In addition, tools for promoting good hygiene practices were adopted for the blind and visually impaired. Visual hygiene promotion messages, such as good and bad hygiene promotion pictures on cards, were transferred to audio tapes and emphasis was placed on discussions during meetings, case studies and radio programmes.

Nepal: Sanitation Access for Differently Able People (SADAP)

In 2005, WaterAid's partner NEWAH piloted a programme in partnership with the Gaja Youth Club in Nepal, specifically targeting those people who were unable to use conventional types of latrines. Due to a lack of latrine facilities and little knowledge of good hygiene practices, the level of sanitation was poor in communities. Disabled people in particular were mostly infected with diseases such as diarrhoea and worms.

A survey was carried out in 50 households and some of the constraints for disabled people were that:

- Latrines were too far away from the home
- Some had steps, so access required support from family members
- Standard toilet seats were too big for children affected by polio
- Increased risk of disease due to crawling to and from latrines and no regular hand-washing

The project objectives included exploring alternative sanitation technology options, providing family sanitation units accessible to disabled people, providing hygiene education for disabled people and their families, and advocating for the rights of disabled people in the sanitation sector.

The project developed a variety of latrine options, mainly using locally available materials, for people who found it impossible or difficult to use squat latrines. A 'commode' type of latrine was designed with the help of those people who have a physical disability relating to the use of their legs. As a result, in some families all members now use this type of latrine. It not only eases the physical burden for the disabled member but also the financial burden for the whole family who no longer

need to construct a separate latrine. Other improvements in terms of access included handrails and the provision of walking aids.

Lessons learnt and ways forward

- Disabled people should be involved in the management of basic services
- They must be consulted on the design of appropriate technologies and adequate educational tools
- Committees should be established so that disabled people are represented and supported
- Schools should be supported to provide appropriate latrines for disabled boys and girls
- Project staff should undergo appropriate training to be able to deal with challenges and new approaches
- Local shopkeepers or workshops should be supported to keep cost of specialised technologies low

HIV/AIDS: case studies from Ethiopia and Nigeria

Introduction

HIV¹ is the virus that causes AIDS.² It breaks down the immune system, leaving the body unable to fight off infections and therefore more susceptible to communicable diseases, particularly water-related. As a consequence it is critical for people living with HIV/AIDS to have access to safe water and sanitation.

During the pre-symptomatic phase, people who are HIV positive must drink large quantities of safe water to avoid infection. Throughout the symptomatic stage people living with HIV/AIDS will contract common illnesses such as skin infections, fever, diarrhoea, dysentery and typhoid, which require increased safe water intake to avoid dehydration.

Furthermore, people must drink several litres of water to reduce the side-effects of antiretroviral treatment. Skin lesions and wounds must be kept clean, hands should be washed regularly in order to minimise the spread of disease and bedding needs to be washed more regularly due to fever and wound seepage. Houses should be clean and well aired to help avoid the risk of contracting typhoid.

The illnesses related to the symptomatic phase such as diarrhoea obviously increases the need for frequent access to a latrine and for people living with HIV/AIDS, good hygiene practice is essential. The impact on family members and carers is considerable. For example, children drop out of school to carry out household chores such as collecting water and disposing of domestic waste.

Case studies

Ethiopia – Ledeta sub city, Addis Ababa

WaterAid in Ethiopia have carried out a number of studies analysing urban poverty to ensure they are improving access to water and sanitation facilities for the most marginalised sections of society.

Two of these studies, carried out in collaboration with our local urban NGO partner, Progynist³, explain the relationship between water, hygiene and sanitation and HIV/AIDS. These studies found that the need for improved water and sanitation facilities increases among those living with HIV/AIDS in urban and

¹ Human Immunodeficiency Virus

² Acquired ImmunoDeficiency Syndrome

³ Making the Links (WaterAid Ethiopia and Progynist) and Meeting the Needs for water and sanitation of People Living with HIV/AIDS (WaterAid Ethiopia and Progynist, March 2006)

peri-urban areas, but that communal water points can be a long walk away and often attract huge queues.

During the symptomatic phase of HIV/AIDS, people become weaker and less able to collect and carry water home. Many are therefore forced to buy water of unknown origin from vendors who can charge double that of the communal water points⁴. Latrines are often poorly maintained and unhygienic. This lack of access to either safe water or sanitation increases the risk of disease.

The problems faced by people living from HIV/AIDS are compounded by discrimination. Many people are not aware of how HIV is transmitted. Many think it can be contracted through sharing taps, latrines, water containers or via washing lines by being passed through clothing. In some cases a person living with HIV/AIDS can be denied access by other community members locking taps, bathrooms or latrines.

Family members (invariably children) of people suffering from HIV/AIDS are often the main caregivers. Children carry out household chores such as collecting water and disposing of domestic waste including bandages and medicine bottles. As the children are often too small to reach the rubbish skips they regularly dump the household waste onto the roads and into ditches which increases the need for improving environmental sanitation.

WaterAid and Progynist have responded to the challenges by:

- Organising a workshop to circulate the key findings of the research studies, while ensuring that people living with HIV/AIDS, government officials, NGOs and the media are all in attendance.
- Composing a three-page briefing note summarising the research and producing it in both English and Amharic to enable wide dissemination including UN agencies
- Including HIV transmission routes in the hygiene promotion messages through leaflets and training given to the village hygiene communicators and water and sanitation committees
- Including counselling and support services for people living with HIV/AIDS⁵
- Continuing to improve existing communal facilities and construct new facilities to serve the population as a whole rather than targeting people living with HIV/AIDS which could increase discrimination
- Working with the media (particularly radio programmes) to disseminate key messages from the research

⁴ Meeting the Needs for water and sanitation of People Living with HIV/AIDS (WaterAid Ethiopia and Progynist, March 2006)

⁵ Ledeta sub city, Addis Ababa

- Developing a hygiene promotion manual which addresses issues of discrimination, details how HIV is transmitted and identifies what precautions people must take
- Developing a guideline to incorporating HIV/AIDS into water and sanitation programmes⁶ for our partners and other sector actors

Nigeria – Bauchi, Benue, Ekiti, Enugu, Jigawa and Plateau States

A rural study carried out by WaterAid in Nigeria⁷ reflected the findings from the urban study in Ethiopia. The main issues included a lack of water and sanitation facilities which resulted in lengthy walks to the collection point⁸, long queues at water points, buying water from vendors (which was of questionable quality), and increased susceptibility to water-related diseases. Discrimination against people living with HIV/AIDS was also widespread.

The study also showed that people living with HIV/AIDS felt that their condition acted as a barrier to accessing improved water supplies, a sentiment shared by 68% of the general population. Reasons given by respondents were:

- A loss of independence and reliance on caregivers to meet their basic needs
- A lack of care and support when more than one family member is infected
- Discrimination
- Financial constraints as the money which is budgeted for a water contribution and latrine construction is often spent on medication

Those who continue to collect water themselves find that the hand dug wells with hand pumps are incredibly energy consuming and therefore prefer boreholes with standpipes or tapstands. 47% of the respondents did not have access to a household latrine so open defecation is practised widely in the wet season when people are sheltered by the tall grass. Without the tall grass for shelter, in the dry season people living with HIV/AIDS defecate in their houses which is then cleared up by the caregiver, thus increasing the risk of diarrhoeal diseases for all family members.

The impact on caregivers is immense. They carry out the majority of household chores which include collecting water three times a day. Consequently, children miss out on education and older caregivers have little or no time for farming and income-generating activities. 30% of respondents living with HIV/AIDS, who have

⁶ Guidelines for incorporating HIV into watsan programming, WAE

⁷ Assessment of the adequacy of water, sanitation and hygiene facilities in resource-poor areas of Nigeria in relation to the needs of vulnerable people, WaterAid 2006

⁸ 41.6% of respondents walked over 500m to collect water in the dry season

an average of four dependents, are unemployed due to constant illness and so cannot pay the water tariff or contribute to the family income.

The respondents recommended a number of improvements in service provision but highlighted that more water points and latrines should be constructed for the general population and that the media must be utilised to raise public awareness of the need for improved water and sanitation services among people living with HIV/AIDS. The study recommended steps to be taken at a national level as well as in water and sanitation programmes including:

- Expanding the definition of poverty to allow for ranking of vulnerability to include health, which would facilitate the inclusion of people living with HIV/AIDS
- Support partners to mainstream HIV/AIDS in their organisations and programmes and promote the construction of user-friendly technologies
- 'Community-led total sanitation' should be promoted to focus on changing attitudes and hygiene behaviour rather than simply the installation of latrines

WaterAid's mission is to overcome poverty by enabling the world's poorest people to gain access to safe water, sanitation and hygiene education.



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