

Status and Strategies for Access to WASH Among Persons with Disabilities. - A Critical Review

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Abstract

Universal access to water, sanitation and hygiene is when the whole community, including people with a disability, elderly, pregnant women, ethnic minorities etc. benefit equally through the Universal access. It will facilitates the participation of persons suffering from disabilities . children with disabilities are unlikely to go school and are more presumably depend on others for their actions. They also strike with the experiences of stigma and discrimination. These experiences act as barriers for being included in community processes which are used to Access to Sanitation, water and Hygiene. People with disabilities in India are in a burden of discrimination based on being a differently abled person. According to global health agency World Health Organisation stats, in globally one out of five people which are living in developing world have a disability of one or other type. There is also evidences of rapidly rising number of accidents, number of people living with one or the other type of disabilities are presumably continue to increase. There is a little documentation of good inclusive practices and policies for water, sanitation and hygiene stakeholder in India, the sector of development is aware that people having disabilities need to be included Unless water, hygiene and sanitation sector reaches and includes people who are most marginalised and include Persons with disabilities and the geriatric, then India's target of universal access to WASH will never be achieved. National Policy in India declared that persons with disabilities are country's valuable human resource and seeks to create and develop an environment that provides them equal opportunities, protection of their rights and full participation in society. The environment which is barrier free enables them to move safely and freely, and are able to take benefits from the facilities within the built environment. The ultimate goal of barrier free design is to provide an

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environment that supports independent living and functioning of individuals with limitations so that they can participate fully without assistance, in everyday activities therefore to the maximum extent possible buildings, transportation systems for public use should be made barrier free.

Universal Access

Universal access for all the people to participate in education systems such as the person with various types of disabilities, the economically backward, or minorities with a particular emphasis on early childhood care. Universal access refers to the opportunity to participate in the health services without fear of suffering of financial constraints due to the costs. It is a feature of the World Health Organization's goal of universal health coverage, which would not be possible without the former.

Universal Access to WASH

Water, Sanitation and Hygiene (WASH) has always remained the most important components of the UNICEF'S Strategic Plan and help to push global progress and achievement on the goal number 6 of sustainable development which deals with water and sanitation for all. Progress on Water, sanitation, hygiene will also contribute to achieving other SDGs, particularly in the fields of reduction in poverty, health, gender equality, climate change, nutrition improvement and education for all.

Status of Inclusive Water Sanitation, and Hygiene (Wash) in India

India is at the rank number two among most populated country in the world. About 60 Percent population resides in urban India which is increasing and increasing, which will lead to stress and scarcity to all resources of the country including water as well. The hygiene and the process of sanitation is also affected most. Out of 718 districts of India two third are hit by extreme scarcity of water and due to the lack of planning for water security and water safety and is the major concern currently the country is facing and is the utmost matter of concern. According to stats by Water aid India and UNICEF India, people in India with no availability and access of water are about 76 million, over 770 million of people are with no adequate sanitation, Children are dying after suffering of diarrhoea which is caused by unsafe water and very poor sanitation practices. Every year over 140,000 households in India are not treating drinking water even though it could be very seriously chemically or bacteriologically contaminated.

Differently abled persons have very limited access to water, sanitation and hygiene. Stakeholders responsible and dealing with providing services of Water, Hygiene and Sanitation have a key role to play in reducing limitations. This is according to conventions adopted on right the of persons with Disabilities mentioned under article 9 and article 19. Only few small changes are needed to include the persons with limitations on the board of WASH services. Skills and knowledge are extremely valuable and important. WASH programme is also a supporting program for the people with various types of disabilities to claim their rights, by assisting them to increase their dignity, visibility, self-confidence and active participation in making of policies and decision-making, often by working and dealing with disabled peoples organisations.

Barriers to Inclusive Wash in India

There is no prioritization of WASH in India, In india national WASH policies did't recognise the requirements of the population section of children, persons with disabilities, and elderly and especially women. Location of these facilities, services make it not possible to access these facilities and the services by persons with disabilities and limitations, there are also challenges of accessibility to toilet and water getting points. These places are either too far to reach from their place or are either beyond their capacity to access. In India majority of rural communities are having facilities like borehole with a hand pump for getting water while in urban areas people are provided with good quality piped water. As for as toilet facilities are concerned India is not robust and is not user friendly for people living with various disabilities especially those with locomotor disability. Standard designs and technologies for WASH do not take persons with disabilities into their consideration, hence it is more difficult to them to use these facilities. Most of the public gatherings and consultations in communities do not make provisions and facilities for hearing and speech impairment, invariably excluding them from making their voices heard.

Legislations and Policies for Persons with Disabilities In India

Rehabilitation Council of India Act, 1992

The Rehabilitation Council of India was set up as a registered society in 1986. However, it was soon found that a society could not ensure proper standardization and acceptance of the standards by other Organizations. The Indian Parliament enacted Rehabilitation Council of India become a Statutory Body on 22nd June 1993. The RCI Act was amended by the Parliament in 2000 to

make it broader. The Act casts norms responsibility on the Council. it also prescribes that any one delivering services to people with disability, with out processing qualifications recognized by RCI, could be prosecuted. The Council has the twin responsibility of standardizing and regulating the training of personnel and professionals in the field of Rehabilitation and Special Education.

Persons with Disabilities Act, 1995

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act, 1995) has come into force on February 7, 1996. This law is an important landmark and is a significant step in the direction of ensuring equal opportunities for persons with disabilities and their full participation in the nation building. The Act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, job reservation, research and manpower development, creation of barrier-free environment, rehabilitation of person with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc.

National Trust Act, 1999

The National Trust for Welfare of persons with Autism, Cerebral Palsy, Intellectual disability and Multiple Disabilities Act, 1999 is an act to provide for the constitution of a body at the national level for the Welfare of Persons with Autism, Cerebral Palsy, Intellectual disability and Multiple Disabilities.

The Rights of Persons with Disabilities (RPWD) Act, 2016

The RPWD Act was enacted in December 2016. It promotes and protects the rights and dignity of people with disabilities in various aspects of life – educational, social, legal, economic, cultural and political. It applies to government, non government and private organisations “In the RPWD Act, 2016, the list has been expanded from 7 to 21 conditions and it now also includes cerebral palsy, dwarfism, muscular dystrophy, acid attack victims, hard of hearing, speech and language disability, specific learning disabilities, autism spectrum disorders, chronic neurological disorders etc. the Act has increased the reservation quota from 3% to

4%. This means that 4% of all vacancies in the government organizations will be reserved for disabled people.

National Policy for Persons with Disability 2006

The National Policy recognizes that Persons with Disabilities as a valuable human resource for the country and seeks to create an environment that country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. The focus of the policy is on prevention of Disabilities and Rehabilitation Measures.

The salient features of the National Policy are: Physical Rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. Education Rehabilitation including vocational training and Economic Rehabilitation for a dignified life in society.

Disability Inclusion Developmental Principles

Awareness of the people about disability and its implications is the most important and crucial first step in Water, sanitation and hygiene programs becoming disability Inclusive.

Participation of people with a disability is essential for meeting their various needs and expectations for their empowerment.

Accessibility ensures that barriers in communication, policy making and attitudinal are all identified and addressed

The twin track approach identifies specific actions for people with a disability.

World Health Organization Strategy for Wash

WHO strategy is developed in response to member states resolution WHA64.4 and 2030 agenda for Sustainable development goals. It takes on board the needs for the progressive realisation of human rights to safe drinking water and sanitation adopted by UNGA in July 2010. WHO's 13th general program of work 2019-2023 brings two indicators which would lead to accelerate the WHO's work to increase the access to safely managed water for drinking, sanitation, and ttd last one hygiene in. households. WHO's plan for 2018- 2025 is for improvement in sanitation

conditions and the hygiene for people across the globe and provide them with sufficient and clean water for the health life.

Recommendations

United Nations targets on sustainable development made it a target for all its member countries to ensure that everyone is able to have access to equitable sanitation. Interventions in India has adopted the right and need based approach for improvement in water, Sanitation, and hygiene through the mass mobilisation and mainly its target in rural and urban population. Approaches to improve Design in accessibility and plans to construct structures and spaces that are accessible for all, Adapt and modify existing facilities to make it disable friendly with improvement in accessibility and to provide assistive devices to PWD's to enable them to have access the various facilities.

Making establishments accessible for all: Reaching spaces, Ramps, rails, landmarks for persons with visual impairments.

Getting in: Wide and broad entrances, in the front of door flat platform doors etc.

Usability: for the hand pump aprons, internal dimensions - extra space should be provided for the wheelchair to enter and turn

Sanitation Facilities for Persons with Disabilities: Slopes should be as per the norms given as per the recommended, Toilet should be large enough to accommodate wheelchair which should move freely around the space and allow disabled user freedom of movement.

Assessment of people with limitations should be done before designing the Toilet, Disabled people must be brought together to discuss to take their comments, their specific needs at the planning stage. This may not happen if a general meeting on sanitation is held in the community. While planning, persons with disabilities must be consulted before designing the toilet or

bathroom. This will help understand the barriers and determine the best mode Water supply in the toilet must be accessible to the visually and ambulant disabled.

Further cooperation and coordination with multisectoral partners engage with global and regional platforms and advocate for the WASH. Integration of WASH with health and other programs such as Cholera, climate change, water securities to increase synergies and impacts. Many International organisations. Improvement in the quality of drinking water to reduce the risk of diseases, monitor health establishments, improvement in safety of Sanitation, and waste water treatment and management is the need of the hour. Biggest and the problems which every human being should realise is the social discrimination and obstacles in the environment for the persons with disabilities not their impairment alone.

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