WASH in Social Inclusion

NTDs often affect the poorest and most marginalised groups and are both a cause and consequence of poverty, social inequality and lack of access to basic services. Targeting inclusive WASH services towards the most affected and at-risk individuals and groups should therefore be fundamental to NTD control efforts, and programmes and policies should go beyond the practical needs of affected individuals to transformative WASH interventions that can positively impact on power relations within communities and societies. However, the fact that WASH services tend to be harder to deliver in hard-to-reach populations, and that those affected by NTDs are less likely to be able to invest their own resources in improving their own access to services, means that interventions are often insufficiently targeted towards those that need them the most.

Voice, participation and leadership

Well-designed programmes that understand and tackle the barriers faced by disadvantaged groups can foster social inclusion. Active and meaningful participation of groups at risk of marginalisation is critical for planning, implementation and monitoring of WASH and NTDs programmes and strengthens the likelihood of sustained behaviour change and access to available, accessible, high quality, affordable and acceptable water and sanitation facilities. Programmes must address institutional, environmental and attitudinal barriers to inclusion, by:

→ Ensuring recognition and understanding by service providers of the differential needs of individuals and groups and the root causes of their exclusion, by promoting and ensuring participation of groups and individuals at risk of exclusion and marginalisation such as Disabled Persons Organisations (DPOs) and women's group members in WASH and NTDs decision-making processes.

→ Identifying and implementing appropriate and sustainable solutions, avoiding one-size-fits-all technology fixes and ensuring that any infrastructure provided is inclusive and accessible.

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→ Ensuring that activities such as hygiene and sanitation promotion are relevant to all groups, for example by suggesting design modifications to make toilets accessible and discussing opportunities to access subsidies where financial and material resources for construction may not be available.

Combating stigma and discrimination

Stigma, driven by misconceptions related to disease and disfigurement caused by NTDs is linked to social exclusion and can result in reduced education and work opportunities and social capital (e.g. marriage prospects). It can also determine the effectiveness of disease control by affecting uptake and participation. Access to WASH is fundamental to dignity and to combating stigma (for example, by improving the capacity for self-care and therefore improved wound management and reduced disfigurement). However, WASH access is also affected by social factors including gender identity and social status, support from family and economic factors. People affected by NTDs may have additional sanitation and hygiene needs to manage the disease to those unaffected, while also more likely to face additional barriers to WASH access due to stigma, discrimination and exclusion from communal WASH services.

Behaviour change and norm setting

Groups at risk of marginalisation are likely to face multiple barriers to participation in planning and decision making for WASH and may not have the power or resources to take part in WASH implementation. Promotion activities implemented to change community-wide behaviours and norms for hygiene and sanitation should be conducted in an inclusive way, avoiding stigma, shaming or marginalisation by focusing on community, rather than individual, practices. For example, approaches such as Community-led Total Sanitation, which use disgust and shame as drivers for community behaviour change, should not perpetuate stigma or discrimination of people who may be less able to construct toilets or handwashing stations. NTD and WASH actors can combat stigma in their programmes by:

→ Avoiding stereotypes, language or images that reinforce gender inequality and social exclusion, like using negative images of people affected by NTDs to encourage uptake of mass drug administration or WASH behaviour change;

→ Using the language and traditions of excluded groups to reinforce change and seeking the input of DPOs and other groups to create locally-appropriate non-discriminatory/non-stigmatising language and materials;

→ Improving privacy, safety and dignity through private and secure toilets that are accessible and suited to the physical needs of all household members. Shared facilities like community and public toilets should be well-lit and secure for female users. Cleanliness and management of the toilet is important, ensuring that reliance on others for toilet construction (in the case of households unable to construct their own) does not result in poor quality.

Inclusive services

Removing institutional and environmental barriers to inclusion requires provision of high quality social support services, and creating opportunities for formal and informal work, so that people with disabilities and other key groups can claim their rights to health and WASH services. Groups at risk of marginalisation should be targeted specifically whilst efforts are made to improve the access and inclusivity of services overall. Advocacy and technical support are needed to create public policies that remove barriers to accessing services. NTD stakeholders can facilitate links to support networks and services and strengthen inclusion focus of interventions. Priority action areas to support this are:

→ Facilitating links to wider networks by engaging women's groups, microcredit schemes, DPOs and community-based rehabilitation schemes. By joining social and financial support programmes, members of these groups can advocate for inclusion in mainstream development programmes and wider society.

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→ Including equity and inclusion approaches and indicators in plans, proposals, budgets and regular reporting as well as in baseline data collection, outcome surveys and sustainability studies, to ensure progress on reaching the most vulnerable is monitored. Learning on equity and inclusion should be done regularly, by facilitating regular discussion with partners and communities and feeding back into programme strategies.