

Social inclusion: a Pakistan case-study

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An inclusive approach to water and sanitation provision can facilitate good hygiene behaviour, improve self-reliance and reduce the prevalence of many preventable diseases.

In 2009, following violence in northwestern Pakistan and the flight of some two million people from their homes, Sightsavers undertook a rapid assessment in Jalozaï IDP camp (NWFP Province). Assessors identified 188 persons with disabilities. Of these, 49% had mobility difficulties, 24% were blind or had poor vision, 9% were hearing- and speech-impaired and 18% had an intellectual disability or multiple disabilities.

In collaboration with its partner, Human Resource Development Society (HRDS), and with the financial support of the Overseas Aid Committee of the Isle of Man government, Sightsavers initiated a project to improve the social inclusion of people with disabilities through promoting accessible water and sanitation facilities and appropriate health/hygiene conditions. Their initial needs assessments had indicated: a) lack of awareness

regarding different disability issues and possibilities for independent living, b) poor accessibility of water and sanitation facilities, and c) poor hygiene and health conditions.

Sanitation facilities in the IDP camps cater for people in general with no special recognition of the challenging access for some vulnerable groups of people, especially persons with disabilities and the elderly who are currently unable to access any sanitation facilities. The existing latrines, washrooms and drinking water points present a constant challenge to these persons, leaving them with no alternatives but the use of unhygienic and undignified alternative arrangements at home.

Confined to home

Sakeena Bibi is in her sixties and has been blind from birth. She is unmarried and lives with her sisters-in-law, brothers, nephews and nieces. She is happy that the whole family

takes care of her needs but at the same time she considers herself a burden to them. She feels as if she is living in a cave in the camp, her independence lost. She cannot go anywhere alone – to other tents, streets, water points or latrines. Everything is unfamiliar to her – a major hurdle to her mobility – and she has not yet adjusted to these changes. Only once during the last year has she ventured out of her block to meet relatives with her family. She spends all her time in the tent or in the block of ten tents. For her daily sanitation needs, Sakeena is dependent upon her eldest sister-in-law. They have constructed a mud wall around their tents to cover and protect them from cold and rain and to give them some privacy – but there is little dignity for Sakeena, and little possibility of good hygiene and cleanliness.

Initially, the community was not ready to adopt hygienic sanitation practices as they were used to open defecation. HRDS first introduced ventilated improved pit (VIP) latrines and then introduced accessible

latrines and washing facilities for persons with disabilities, and made water points more accessible. The accessible latrines have been constructed close to the living areas of people who are blind or disabled. They are exclusively for use by people with disabilities, and every disabled person has got a key to the latrine. To improve visibility, the door and door handle have been painted in sharp colour contrast. The water points and taps are also painted in bright colours to make them more visible for partially sighted people, and the height of the water points



Sakeena Bibi with her nephew



has been altered to make them accessible for wheelchair users.

Sakeena and other disabled and elderly IDPs have been taught how to use the new, accessible latrines. Sakeena's tent is quite close to one of the new accessible latrines, and now she can go there on her own, using her white cane. They have also received hygiene kits which – as the different items have good colour contrast – are user-friendly for people with poor vision. Camp residents have also been encouraged to attend awareness-raising sessions on disability and rights of persons with disabilities.

In addition, Sightsavers screened the camp population for eyesight problems, providing spectacles where appropriate. Through all these interventions, Sightsavers and its partner HRDS have learned to adopt a broader perspective of inclusive community development in the context of accessible water and sanitation facilities.

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