

Perspectives on ACCESS to water and sanitation facilities, and decision-making related to HOUSEHOLD WASH



This is a summary of key findings and analysis from the Gender & Social Inclusion Baseline for the New Times, New Targets project to improve sustainable and inclusive access to water, sanitation and hygiene (WASH) services and facilities with 22 schools, 8 clinics and in 60 rural communities in West Guadalcanal Province in rural Solomon Islands.

The project is an Australian aid initiative implemented by Plan International Australia in partnership with Live & Learn Environmental Education on behalf of the Australian Government.

Respondent overview

People with disabilities

Household Survey

104 Individual Interviews

59% Male and 41% Female

236 individual Interviews

60% (142) Male and 40% (94) Female

1 KEY FINDINGS:

- ▶ Only 9.3% of women with disabilities, and 12% of non-disabled women surveyed have easy access to an improved toilet. Over 50% of women feel that their WASH facilities are inadequate. Overall, only 7% of people with disabilities can access a safe toilet at home.
- ▶ Only 10% of people living with disabilities, and 20% of women, stated that latrines were modified to meet their particular needs.
- ▶ At a household level over 80% of men and women said that they always participate in decision-making about WASH. Less than 40% of people with disabilities felt they can share ideas about WASH with family members who will listen. Only 19% felt they influence decisions or make decisions with their family members.
- ▶ 46% of women surveyed identified as a woman who feels “somewhat comfortable speaking up about issues that are important to her, but only in her home – not in the community”.
- ▶ Survey respondents identified 10 barriers or challenges to improved WASH. The top two were lack of money for investment in WASH (at community and household level) and poor community governance and/or support for WASH improvements

Current status of WASH access

Rates of open defecation in the Solomon Islands are some of the highest in the South East Asia Pacific, reaching 80% in rural areas. Open defecation in the bush or beaches is a culturally accepted practice but for women there is a high risk of sexual or physical violence, especially at night, while there are also associated hygiene problems^{†1}.

The 2016 Rural WASH National Baseline have found that in rural areas, 54% of residents have access to improved water, and only 13% access improved sanitation. In rural households, 16% have access to handwashing with soap^{†2}. The project baseline survey confirmed that sustainable access to clean water and sanitation is universally problematic. Also the participants reported access to handwashing with soap above that of the national baseline statistics and access to clean water being more restricted than reported in the national baseline survey. See table below for access reported during the Project baseline.

	Male with disability %	Female with disability %	Male %	Female %
Access to safe toilet	8.6	9.3	15.5	12
Access to safe drinking water	47.5	37.2	46.5	38
Access to wash with soap	37.7	34.9	35.9	37
Access to bathing	23	30	24.6	19

The Solomon Islands Government's RWASH policy includes requirement for non-subsidised sanitation (with exception for vulnerable households and communities with high water table) and community-based water management. The government endorsed Community Led Total Sanitation (CLTS) programs, with the introduction of pit latrines and pour flush toilets, is gaining momentum but success remains limited. The project baseline survey found a lack of funding and community governance issues were identified as key barriers to WASH improvements.

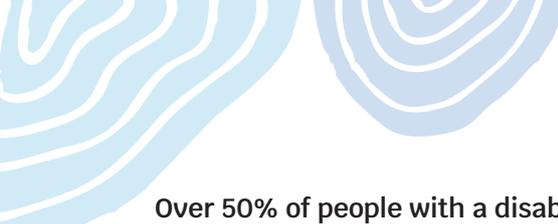
Meeting the needs of diverse members in household latrines and handwashing facilities

The NTNT project aims to deliver WASH services more equitably to all community members and concentrates on the needs of women and girls and people with a disability, who are most marginalised. Within the Solomon Islands population, 14% are regarded to be living with a disability^{†3}. The project has adopted the Shortlist of Washington Group questions to identify people with a disability as anyone having difficulty either seeing, hearing, walking, concentrating, remembering, communicating or with self-care. The NTNT baseline survey confirmed previous findings that women and girls with disabilities are discriminated against disproportionately because of their gender.

^{†1} MHMS, Rural WASH Baseline presentation, 2015

^{†2} SNAP SHOT Water Sanitation and Hygiene (WASH) Solomon Islands RURAL WASH

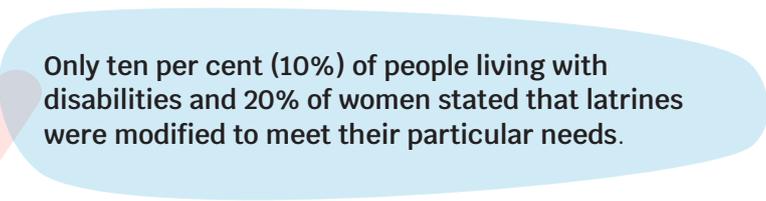
^{†3} Solomon Islands National Census, 2009



Over 50% of people with a disability said that it was ‘very difficult’ or ‘sometimes hard’ to enjoy the use of adequate WASH facilities. While 58% of people with a disability do not have a toilet less than 10% said they can access a safe toilet. Of women surveyed, only 12% said they had access to a safe toilet, and over 50% feel that their WASH facilities are inadequate. In comparison, 15% of men said they had access to a safe toilet. Just under 50% did not have WASH facilities and only 36% can ‘easily’ access handwashing facilities.

While people living with disabilities have been marginalised in their access to WASH services, there is also a widespread lack of agency. Around 80% of women surveyed responded that WASH facilities had not been improved or they were not asked by their husbands or others about the need for improvement. While WASH services are generally in need of improvement for all, the NTNT baseline study found that deficiencies in WASH accessibility disproportionately affects women and girls, and access to sanitation disproportionately affects people with a disability.

Out of 236 respondents to the baseline survey, 40 indicated they had improved their household washing facilities and latrines in the past two years, some through their own initiative, some with prompting from external organisations. A large majority of respondents said that they made efforts to improve facilities after a health awareness program. Improvements include addition of household bathing and handwashing facilities, piped water or rainwater tanks and construction of household toilets as an alternative to open defecation.



Only ten per cent (10%) of people living with disabilities and 20% of women stated that latrines were modified to meet their particular needs.

While there is more scope for improvement, this indicates that improvements and customisation of WASH facilities is desired and achievable.



Sharing household WASH decision making more equitably – women

In the Solomon Islands, women collect 75% of household water, which is commensurate with what happens globally in areas with only basic water access. The NTNT Baseline Survey found that women make more decisions for WASH than men, but only marginally (84 to 81%). While men typically make more household decisions generally, as a result of cultural norms of male headship, WASH is seen as an area of women’s responsibility. Yet only 19% of women indicated they actively participate in household WASH discussions.



Approximately 50% of women said that women need more agency with WASH decision making, and around 80% of women surveyed responded that they were not asked by their husbands or others about the need for improvement. **But 50% of women also said that WASH decision making was not for women, or that men did not permit it.** There is some ambiguity here, reflecting nuances in the survey questions, but this indicates that **women and men are both making WASH decisions, but women recognise that WASH could be improved with more agency.** The baseline survey also found that the level of women’s agency in households is greater than within the community.

Sharing household WASH decision making – people with disabilities

Over 30% of people living with disabilities don't participate in WASH discussions.

When asked about levels of participation in decision making, the responses of people living with disabilities was spread consistently across the range of participation levels, from 'I don't participate' to 'I make decisions with my family'. There may be a number of factors involved in this mixed response, including level of disability, levels of involvement, age and gender, but, significantly, **over 30% of people living with disabilities don't participate or only listen in on WASH discussions.**

The baseline survey also found a discrepancy between ideals and practice. In principle there is acceptance of the rights of people living with a disability to have a say over WASH facilities, with **96% of men and 92% of women saying that people with a disability should 'always' or 'sometimes' be involved in household WASH decision making. But 80% of people living with a disability say they have not been consulted** on their opinions about improvements. (Men are more likely to agree that people living with a disabilities can always participate in making decisions, but women are more likely to answer that it 'depends on the situation'.)

Marginalisation of being female

Being female adds another layer of marginalisation for people living with disabilities. The baseline survey found that in the general population men and women expressed similar levels of involvement with household WASH decision making. For people living with disability, men with were more likely to be involved in decisions: **38% of males with a disability were participating in household decision-making about WASH, in contrast to only 20% of women with a disability.**

When discussed further using a Ladder of Participation tool, 16.4% of **men living with disabilities made decisions with their families, compared to 9.3% of women living with disabilities** – with a percentage difference of 55%. Interestingly, the percentage difference for men and women in the general population in the survey was similar (59%) – with 27.5% of men and only 15% of women saying that they make decisions with their families. The intersectionality of marginalisation is an important consideration, and the NTNT baseline survey confirms that being female appears to be a major barrier to participation in WASH decision making.

Household WASH Decisions - Ladder of Participation

	Male with disability %	Female with disability %	Male %	Female %
I make the decision with my family	16.4	9.3	27.5	15
I influence decisions	6.6	4.7	10.6	11.7
My family listens to my ideas	19.7	9.3	12	16
I share my ideas with my family	24.6	23.3	34.5	44.7
I listen to discussions	14.8	21	9.9	8.5
I don't participate	18	32	5.6	4.3