

Key Informant Interviews Report



Situational Analysis: Access to WASH for Women and Girls with Disabilities in French-Speaking West African Countries

This publication is a product of the International Disability Alliance, the African Disability Forum (ADF) with the West Africa Federation of the Disabled (WAFOD) and its members.

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Executive Summary

Over the last 13 years, the International Disability Alliance (IDA) and its members have promoted the exposure of Organizations of Persons with Disabilities (OPDs) to the Convention on the Rights of Persons with Disabilities (UNCRPD) and human rights mechanisms in the form of advocacy and trainings. During this process, women and youth women with disabilities have shared critical concerns around the systemic violation of their rights due to the lack of access to water, sanitation, and hygiene (WASH).

This report is a synthesis of the main findings of interviews conducted by the International Disability Alliance (IDA) with representatives of organizations of persons with disabilities (OPDs) from Burkina Faso, Guinea, Mali, and Niger, who are navigating the lack of accessible toilets and clear water across West Africa. While the original intent of this research was for it to be a detailed, in-depth fact-finding mission, unmitigable factors including the COVID-19 pandemic and insecurity in the region caused us to transform this into a report based on preliminary key informant interviews.

Social rights protected by the International Covenant on Economic, Social, and Cultural Rights (ICESCR) include the right to access clean water, interpreted to arise through the right to an adequate standard of living¹. WASH is a fundamental human right, as recognized in the 2010 United Nations General Assembly Resolution 64/292 and the Sustainable Development Goals (SDGs).^{2,3} UNCRPD general principle 1 recognizes the rights of persons with disabilities to inherent dignity, individual autonomy including the freedom to make one's own choices, and the right to independence. The general principles also invoke the rights of persons to non-discrimination and full and effective participation and inclusion in society. The denial of access to WASH is a grave and pervasive violation of these rights.

Our interviews presented details of the everyday lives of women, youth women and girls with disabilities and their lack of access to water and sanitation services, which causes immediate concerns for the quality of their lives, protection of their rights, health, and well-being. The interviews provided insights into menstrual insecurity, its consequences on access to public spaces such as schools, familial and social violence, and aggression, and their increased susceptibility to infectious diseases that are caused by the lack of hygiene.

¹ International Covenant on Economic, Social, and Cultural Rights.

² United Nations. General Assembly Resolution 64/292, the Human Right to Water and Sanitation, A/RES/64/292. United Nations General Assembly; Geneva, Switzerland: 2010.

³ United Nations Sustainable Development Goal 6: Ensure Availability and Sustainable Management of Water and Sanitation for All. [(accessed on 3 September 2020)]; Available online: <https://sustainabledevelopment.un.org/sdg6>

Interviewees also discussed the lack of WASH services that caused exclusion from society, chronic poverty, and increased marginalization. Many interviewees cited inadequacies in government attention, funding, and awareness of these conditions.

While the lack of studies in this specific area and geography are major motivators for our study, we used mainstream studies on the topics of gender or human rights to predicate the state of affairs relating to women, youth women and girls with disabilities in French-speaking West Africa, and their access to WASH services that are assured to them by various human rights instruments.

This report concludes with evidence-based recommendations for implementing disability-inclusive access to WASH for those who are directly impacted by these imbalances⁴. We provide evidence-based recommendations for implementing disability-inclusive WASH widely in West Africa based on our interviews with OPD representatives. These include the need for developing awareness among members of society about the need for accessible WASH amenities, the relevance of enabling the comprehension of laws pertaining to the rights of persons with disabilities and the introduction of accessibility standards to the interpretation of these laws. Interviewees also proposed the introduction of coercive measures be put in place to make laws more comprehensible, and for the improved usage of financial grants for increasing accessible WASH. They also suggested the provision of grants to those who are most vulnerable to ease the burden of the high cost of living. In addition, interviewees recommended that universal design be implemented in the construction of accessible toilets.

In their concluding remarks, interviewees reinforced the need for inclusion and meaningful consultation with organizations of persons with disabilities in the process of developing national WASH policy, as well as in the process of creating suggestions for putting policy commitments into action. Given that women, youth women and girls with disabilities are disproportionately affected by WASH inequities, the guidance will provide clarity on how to attend to this underserved population.

⁴ Charlton J. *Nothing About Us Without Us: Disability Oppression and Empowerment*. University of California Press; Berkley, CA, USA: 1998.

Methodology

IDA has intended to conduct fact-finding country visits in several countries in West Africa since 2020. The onset of the COVID-19 pandemic made this kind of travel impossible. Our goal was realized in 2022, with the support of Ms. Haroun Boukar Khadidja from the University of Bordeaux. Her work with us as an intern helped us implement the first part of this research.

Due to security reasons and considering the humanitarian situation in the region at that time, it was imperative to adapt the methodology, shifting from country visits to distant key informant interviews conducted after establishing a primary literature review on the subject. The interviews were conducted in French via Zoom and WhatsApp to gather information from different OPD leaders, from Mali, Burkina Faso, Guinea, and Niger.

Key Research Questions

Key informant interviews were conducted to get a preliminary understanding of the situation of women and girls with disabilities in French-speaking countries of West Africa, using the following questions:

- What are the conditions around access to water, sanitation, and hygiene for women with disabilities?
- What are the major barriers faced by women and girls around the issue of inaccessible sanitation?
- What is the impact of inaccessible sanitation for women with disabilities?
- What is the impact of the lack of access to water for women and girls with disabilities?

The primary goal was to draw attention to the issue of WASH concerning women with disabilities as it is rarely addressed in the WASH literature and comprehend the issues directly from those affected by lack of water and sanitation. The consequential goal was to record their recommendations for making WASH more accessible to women, youth women and girls with disabilities in their countries.

I Introduction

WASH is a fundamental human right, as recognized in the 2010 United Nations General Assembly Resolution 64/292 and the Sustainable Development Goals (SDGs).^{5, 6}

The lack of access to water has been considered a health crisis due to the compounding effects upon the wellbeing and health of affected persons. Globally, 771 million people do not have access to safe water and 1.7 billion people do not have a toilet.⁷ In addition to being essential for health, access to safe water and sanitary facilities also helps people earn a living, send their children to school, maintain their dignity, and build resilient communities with healthy surroundings.

Unequal access to WASH is a gendered issue. Since they are frequently in charge of gathering water, women are disproportionately impacted by the water crisis. Estimates of women serving as primary bearers of water ranged from 61% to 79% in a systematic evaluation of 59 research from 30 countries. This responsibility is linked to poorer health, increased pain, and musculoskeletal diseases.⁸

Additionally, the unpaid responsibility of procuring water keeps women away from family responsibilities, employment, and education. Hence, women are trapped in a cycle of poverty due to a lack of access to water and sanitation.^{9, 10}



⁵ United Nations. General Assembly Resolution 64/292, the Human Right to Water and Sanitation, A/RES/64/292. United Nations General Assembly; Geneva, Switzerland: 2010.

⁶ United Nations Sustainable Development Goal 6: Ensure Availability and Sustainable Management of Water and Sanitation for All. [(accessed on 3 September 2020)]. Available online: <https://sustainabledevelopment.un.org/sdg6>

⁷ World Health Organization and UNICEF Joint Monitoring Program. (2021). Progress on Drinking Water and Sanitation, 2021 Update and MDG Assessment.

⁸ Pouramin P., Nagabhatla N., Miletto M. A Systematic Review of Water and Gender Interlinkages: Assessing the Intersection with Health. *Front. Water*. 2020; 2:1–25. doi: 10.3389/frwa.2020.00006.

⁹ Graham, Hirai, Kim. (2016). An Analysis of Water Collection Labor among Women and Children

¹⁰ WASH. In: Compendium of WHO and other UN Guidance on Health and Environment. Geneva: World Health Organization; 2021 (WHO/HEP/ECH/EHD/21.02)

Women with disabilities face multiple barriers to accessing water and sanitation services due to a lack of accessible toilets. This is compounded by discrimination and factors such as poverty, the threat of aggression or violence, sexual abuse, neglect, maltreatment, and exploitation. Studies from 34 countries show that women with disabilities are more likely than people without disabilities to live in households without access to basic water and sanitation. When utilizing public WASH services, women with disabilities experience stigma and prejudice and are less likely to have access to latrines and showers in their houses¹¹.

The main reason for this problem is the lack of accessible facilities in homes or public places such as workplaces, hospitals, and health centers. In fact, in the absence of adapted latrines, women are either forced to hold back on eating and drinking to avoid having to go to the toilet during the day or defecate in the open. The exposure to human waste and the poor hygiene maintenance of toilets can cause several infectious diseases such as diarrhea, typhoid and cholera, viral infections, and more. These can be highly harmful to women and girls, particularly those of childbearing age and their potential children because they can lead to the development of anemia, which is dangerous, especially if they are pregnant.¹²

¹¹ www.waterforwomenfund.org/en/research-and-innovation/improving-wash-access-for-women-and-girls-with-disabilities.aspx

¹² Saleem, M., Burdett, T., & Heaslip, V. (2019). Health and social impacts of open defecation on women: a systematic review. BMC Public Health, 19(1). <https://doi.org/10.1186/s12889-019-6423-z>

Literature review

Access to WASH as a Human Right

Human rights to water, sanitation, and hygiene (WASH) are economic, social, and cultural rights (CESCR). They are strongly associated with access to adequate food, housing, education, health, social security, partaking in cultural life, and work. Various international instruments have affirmed the right to clean water or sanitation or both over time. Water for Health was recognized as a Human right by the World Health Organization on December 4, 2002.



Social rights protected by the International Covenant on Economic, Social, and Cultural Rights (ICESCR) include the right to access clean water, interpreted to arise through the right to an adequate standard of living¹³. States must take appropriate steps to progressively ensure

continuous and sustained improvement in the enjoyment of these rights over time.

States also have a duty towards the prohibition of discrimination, protecting the rights of marginalized populations to mitigate inequalities that exist or are exacerbated by crises. Article 14 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) postulates that States must take appropriate measures to eliminate the discrimination against women and ensure their rights to benefit from social security programs, obtain an education, and enjoy adequate living conditions, including housing, sanitation, and water supply, among other amenities¹⁴.

Sustainable Development Goal 6 (SDG 6) aims to achieve universal and equitable access to safe and affordable drinking water by 2030. Indicator 6.2.1a tracks the proportion of the population that is using an improved sanitation facility, which is not shared with other households¹⁵.

¹³ International Covenant on Economic, Social, and Cultural Rights

¹⁴ Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979: [Link](#)

¹⁵ <https://sdgs.un.org/goals/goal6>

The predecessor framework to the Agenda 2030, the Millennium Development Goals, included target 7. C which set a goal to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. While this target was achieved five years ahead of time, 2.4 billion persons are still using unimproved sanitation facilities, including 946 million people who still practice open defecation¹⁶ due to the lack of resources.

Article 28 in the Convention on the Rights of Persons with Disabilities (UNCRPD) focuses on the right of persons with disabilities “to an adequate standard of living for themselves and their families; this includes State parties’ duty to ensure equal access to clean water services”¹⁷. Article 9 of the Convention specifically assures persons with disabilities the right to equal access to the physical environment and the identification and elimination of all obstacles and barriers to such accessibility. Article 32 ensures that international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities.

Gaps in existing knowledge

An evident lack of data is observed when scrutinizing existing research on women, youth women and girls with disabilities and their access to WASH services. For instance, 946 million people still practice open defecation, according to the Statement of the Committee on the Right to Sanitation of the United Nations Committee on Social, Economic, and Cultural Rights (45th session, E/C.12/2010/1). The data is not disaggregated to provide insights on how many persons who practice open defecation are persons with disabilities or without. There are **no figures around access to WASH that pertain specifically to persons with disabilities**¹⁸.

Access to toilets is essential to women and girls with disabilities, however, no data exists to describe the extent of the access gap that this group experiences^{19, 20}. Most of the data on the availability of water and sanitation for persons with disabilities is anecdotal or based on small-scale, primarily qualitative studies²¹.

¹⁶ www.un.org/millenniumgoals/enviro.html

¹⁷ Office of the United Nations High Commissioner for Human Rights. Convention on the Rights of Persons with Disabilities. United Nations General Assembly; Geneva, Switzerland: 2008.

¹⁸ United Nations Committee on Social, E.a.C.R. Statement of the Committee on the Right to Sanitation; 45th session, E/C.12/2010/1; United Nations: Geneva, Switzerland, 2010. Available online: https://www.researchgate.net/publication/259219558_The_Economic_and_Social_Benefits_and_the_Barriers_of_Providing_People_with_Disabilities_Accessible_Clean_Water_and_Sanitation (accessed on 23 September 2012).

¹⁹ Reed, B. Water Supply and Sanitation Access and Use by Physically Disabled People. DFID webpage.

²⁰ UNICEF. Water, Sanitation and Hygiene (WASH) in Schools; UNICEF: New York, NY, USA, 2018. Available online: <https://www.unicef.org/media/47671/file/JMP-WASH-in-Schools-ENG.pdf>

²¹ David, V. How to Build an Accessible Environment in Developing Countries. Handicap International France, Cambodia, 2008. Available at https://miosa.globaldisabilityrightsnow.org/wp-content/uploads/2016/03/Access_Standards.pdf

Several mainstream research on gender-based issues speak to the lack of access to WASH, but the intersection between women and disabilities is seldom addressed. For example, a report on *Gender Equality and Social Inclusion for the WASH sector in Ethiopia* was published a few years ago, being focused on women and the link between gender and WASH, and another article on *Attitudes of health providers in Ghana* focuses on persons with disabilities. Neither of these reports focus specifically on women with disabilities.

Other studies address the lack of access to social and economic rights among persons with disabilities but do not focus specifically on WASH. For instance, *The NGO Submission Report to the CEDAW Committee Pre-Sessional Working Group for Nigeria* discusses the discrimination faced by women with disabilities in Nigeria. While the report considers the struggles these women endure from having the designated roles of caregivers and mothers in their households to their struggle with employment and poverty, it fails to mention access to WASH as one of the aspects.²²



Furthermore, desk research on the specific geographies of this study leaves much wanting. For instance, the report titled *Access to Water, Sanitation, and Hygiene in Rural Mali*²³ shows the relationship between persons with disabilities and their access to WASH facilities, the specific difficulties they have when accessing water and toilets in rural areas, and how they are accessing them. The study shows that over 60% of households have no latrine; 58% of persons with disabilities do not have or use a latrine, with most of them relieving themselves in adjacent fields or bushes. Persons with disabilities, especially the elderly, prefer to

rely on a bucket or pot to relieve themselves rather than walk a long distance to the toilet at night. However, these statistics relate only to Mali, and cannot be extrapolated to address conditions in all French-speaking West Africa.

This report has a moderately piecemeal approach to the review of existing literature. It is our goal to place in context as many relevant studies as possible to develop reliable information. While the lack of studies in this specific area and geography are major motivators for our study, we used mainstream studies on the topics of gender or human rights to predicate the state of affairs relating to women with disabilities in French-speaking West Africa, and their access to WASH services that are assured to them by various human rights instruments.

²² WEI and Nigeria Partners, CEDAW LOI Submission Women with Disabilities October 14, 2016. NGO Submission report to the CEDAW Committee Pre-Sessional Working Group for Nigeria.

²³ K.S. Tan, W. R. Norman, S. Knepper & N. Kamban. (2013). *Access to Water, Sanitation, and Hygiene: A Survey Assessment of Persons with Disabilities in Rural Mali*. USA - 36th WEDC International Conference, Nakuru, Kenya, 2013. <https://hdl.handle.net/2134/30973>

Health and Wellness

The global burden of disease resulting from poor access to water and sanitation facilities is often measured using a metric known as DALYs (disability-adjusted life years)²⁰. According to the World Health Organization's (WHO) estimates, inadequate access to water, sanitation, and hygiene causes 10% of all disease burdens (measured in DALYs) and 4% of all global fatalities²⁴. Persons with disabilities frequently have trouble accessing sinks or having enough water to adequately wash their hands after using the restroom, which may increase their risk of contracting diseases.

It is reasonable to presume that persons with disabilities have a similar risk of exposure to all these infectious diseases, if not more. Persons with disabilities are at increased risk of urinary tract infections and are unable to use latrines during daylight hours due to accessibility issues or stigma²⁵.



Furthermore, even in environments where we could assume similarity in risk of infection between persons with and without disabilities, it is vital to consider the increasing evidence that demonstrates that persons with disabilities are much less likely than counterparts without disabilities to have access to timely medical care, or any at all, upon infection.

A cross-country study of access to healthcare by persons with disabilities across seven African countries (Zambia, Cameroon, Ghana, Zimbabwe, South Africa, Uganda, and Nigeria) and four Asian countries (Cambodia, Nepal, Philippines, and India) pointed to issues around the

availability and accommodation of the building for women with disabilities, cost of the care and transportation, appropriateness of communication, attitudes of the providers toward women with disabilities, and quality of the care, among others. Facilities often have staircases and no accessible paths, toilets are not large enough to accommodate wheelchairs; announcements of appointments are not made accessible to deaf persons or persons who are hard of hearing, often leading them to miss appointments ²⁶.

²⁴ Prüss-Üstün, Annette & World Health Organization. (2008). Safer Water, Better Health: Costs, Benefits, and Sustainability of Interventions to Protect and Promote Health. / Annette Prüss-Üstün ... [et al]. World Health Organization.

²⁵ Groce, N. E. 2006 Violence against Disabled Children. Report for UNICEF & United Nations Secretary General's Office. Background Report for UN Secretary General's Report: Violence Against Children. UNICEF, New York/UN Secretariat

²⁶ Casebolt, M. T. (2020, June). Barriers to Reproductive Health Services for Women with Disability in Low and Middle-income Countries: A review of the literature. *Sexual and Reproductive Healthcare*, 24, 100485. <https://doi.org/10.1016/j.srhc.2020.100485>

Additionally, persons with disabilities face attitudinal barriers to accessing medical aid and healthcare. They are subjected to abusive language, are treated as stereotypes, and suffer a lack of empathy and awareness in hospitals. Women with disabilities are most likely to be at the receiving end of those attitudes, which makes them more vulnerable than men. Over time, women with disabilities become increasingly reluctant to seek help due to the fear of stigmatization, lack of accessibility of centers (transport problems, taxi fares, non-adapted public transport), cost of care, and lack of information that is relevant to their life experience²⁷.

Menstrual issues are a cause of shame for girls and women with disabilities, according to a 2019 systematic review of menstrual hygiene management requirements, difficulties, and strategies for persons with disabilities²⁸.

Persons with disabilities who are also menstruators likely face multiple layers of discrimination, with the agony varying based on their impairment. Women and youth women with disabilities and their carers have reported challenges and difficulties in managing menstrual hygiene, including a lack of adequate menstrual hygiene materials for persons with physical impairments and limited training and information. This was revealed in a systematic review of 22 studies from 14 countries.²⁹

A systematic review of disability and menstrual health found evidence of forced sterilization of girls with intellectual disabilities to make it 'easier' for them to manage their menstrual needs³⁰. This leaves women with disabilities in a state of amplified vulnerability with all their options being ones of neglect, abuse, or violence.

Safety and Sexual Violence

Women with disabilities face several types of gender-based violence inside their households and outside of it. They are subject to psychological, physical, sexual, and structural violence. Psychological violence is caused by social expectations of women in these societies, who are responsible for collecting water and maintaining the home. This is compounded by the lack of toilets and by the lack of privacy and shame when defecating in the open.

²⁷ Attitudes of Health Service Providers: The Perspective of People with Disabilities in the Kumasi Metropolis of Ghana by Badu, E., Opoku, M. P., & Appiah, S. C.

²⁸ UNICEF Guidance Note: Menstrual Health & Hygiene for Girls and Women with Disabilities

²⁹ [Systematic review of menstrual hygiene management requirements, its barriers and strategies for disabled people](#) Wilbur J, Torondel B, Hameed S, Mahon T, Kuper H (2019) Systematic Review of Menstrual Hygiene Management Requirements, Its Barriers, and Strategies for Disabled People. PLOS ONE 14(2): e0210974. <https://doi.org/10.1371/journal.pone.0210974>

³⁰ SHARE & WaterAid (2012) Menstrual Hygiene Matters: A Resource for Improving Menstrual Hygiene Around the World. Available online at www.wateraid.org/whatwe-do/our-approach/research-and-publications/viewpublication?id=02309d73-8e41-4d04-b2ef-6641f6616a4f.

Physical violence refers to assaults from others when they fetch water or from family members when they cannot get them enough water for meals and beverages. Inadequate local sanitation facilities have been identified as a key driver of women’s risk for physical or sexual assault³¹. Individuals with physical, intellectual, mental health, and sensory (blind, Deaf and deafblind persons) disabilities routinely report incidences of physical, verbal, and sexual abuse when using public facilities^{32, 33, 34}.



Again, the primary focus of these resources is the violence faced by either women or women with disabilities around water and sanitation without considering the violence that comes with a lack of accessible toilets. Yet again, we presuppose that women with disabilities face similar or even aggravated types/ levels of violence while accessing toilets.

The main objective of our study was to ensure that the concerns of those who are most affected by the inaccessibility of toilets in the region were considered.

We worked to collect data to comprehend the situation and gather evidence and recommendation from women, youth women and girls with disabilities who are facing these challenges.

³¹ ActionAid (2013) *Women and the City 2: Combating Violence against Women and Girls in Urban Public Spaces—The Role of Public Services*. ActionAid International.

³² Addis, D., & Abadi Mesele, H. (2020). Challenges and Coping Strategies of Women with Physical Disability in Bahir Dar City, Ethiopia. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 25(9), 09–16.

³³ Nunbogu, A. M., & Elliott, S. J. (2022). Characterizing gender-based violence in the context of water, sanitation, and hygiene: A Scoping Review of Evidence in Low- and Middle-Income Countries. *Water Security*, 15, 100113. <https://doi.org/10.1016/j.wasec.2022.100113>

³⁴ Maurice Dogoli (2021). *The Intersection of Water, Sanitation, and Gender-Based Violence in Sub-Saharan Africa: A Parallel Case Study of National Policies and NGO Interventions*. UWSpace.

Interview questions and recruitment methods

The full key informant interviews used during our study are provided in Appendix A in English and Appendix B in French. It is comprised of nine open-ended questions regarding access to toilets, water, healthcare, safety, and other concerns. A total of nine interview invitations were sent out by email between July 11, 2022, and August 5, 2022. A minimum of 20 people corresponding to the key informant roles were identified for this evaluation. However, due to the aforementioned constraints, only six persons participated in Zoom/ WhatsApp interviews.

Of the six persons interviewed, five were women and one was a man. Taking this into account, we will analyze the perspectives of the five women interviewed. Of the six persons interviewed, one is blind, one person is of shorter stature, four are persons with physical impairment and one is a person with albinism.

Concerning their living conditions, four of them live with their family or relatives, and one lives alone. All the interviewees living with their families have inaccessible toilet facilities, unimproved facilities (use of pits or buckets), and/or limited sanitation facilities that are often dirty. Only the interviewee living alone has a suitable toilet.

Conducting interviews

The key informant interviews were conducted over a period of four weeks (July 25, 2022, to August 5, 2022). The Zoom or WhatsApp interviews lasted approximately 40 minutes, however, interviews varied in length from 30 minutes to two hours, depending on the depth and amount of information provided by the interviewee. Only one person conducted each interview: the interviewer asked the questions, took notes, and typed the answers. In addition, the interviews were recorded with the consent of the participants so that no information would get lost in the process of transcribing the interviews and authoring the report. IDA planned a fact-finding mission to interview local communities with in-person interviews, which could not be conducted on account of concerns about the safety of researchers visiting various areas in West Africa during that period, considering the security countries context. Unfortunately, due to the lack of stable internet access and accessibility, more participants could not participate in the study despite their interest.

Strengths and Weaknesses of Key Informant Interviews

Strengths:

- Obtained in-depth description about the situation of women, youth women, and girls with disabilities.
- Different types of disability-specific challenges were addressed.
- Different OPD representatives were interviewed.
- Findings validated deductions from literature review.

Weaknesses:

- Only one man was interviewed, highlighting a need more testimonies from men to compare realities.
- Only six testimonies.
- Questions about the political action on the ground were found to be too difficult to answer.
- Unstable country situation that hindered the fact-finding mission.

I Findings

Key informants were asked to describe the most important needs or challenges that women, youth women and girls with disabilities face when living with inaccessible toilets in the West African region. In addition, they were asked to assess the extent to which these needs are currently being met and to identify the main barriers to meeting them. The insights shared by the respondents are grouped into broad themes, including access to toilet facilities, poor access to water, health, menstrual insecurity, and gender-based violence.

Access to Toilets

All interviewees unanimously described the situation around access to toilets as “terrible.” For women, youth women and girls with disabilities, the issues of accessibility in the household (private) or public places share similar characteristics, being inaccessible, and/or of inadequate quality.



In their words

Women often relieve themselves in buckets that can be closed, because the toilets are built far away from living areas. Accessible toilets can be used by everybody, however, once an accessible toilet is built in an ancestral home, other members of the household consider this as an act of bequeathment. Other members of the household believe that the person who needs the accessible toilet will inherit the house, because by building the accessible toilet, the owner has promised it to persons with disabilities. This causes strong feelings of resentment and jealousy, leading to animosity and ill-treatment.

“A toilet is a luxury. Men have less difficulty than women in urinating everywhere. It is a question of dignity but also of morphology. Men can easily urinate standing up, while women have to squat down, which exposes them more”

– A 51-year-old woman with a physical disability from Mali who uses a wheelchair.

There are no toilets/latrines for bowel movements in Mogambe, in the province of Bolgo, in Burkina Faso. A blind/visually impaired person is often forced to resist urinating for over 24 hours, waiting to return to Ouagadougou, where there is access to a hole with a slab, which is safe enough to use alone. The reality in schools is not different. Most teachers with disabilities must make arrangements for urination/bowel movements before they go to school to avoid using the small, uneven, and dirty toilets in school.

“In public places, such as hospitals, toilets do not respect the standards for persons with disabilities. Besides these standards, we can say that the toilets are very dirty and unusable. Last year when I gave birth to my baby, I was in a health center, in particular a medical center with a surgical unit. After the delivery, I had to spend 24 hours before going out and when I wanted to go to the toilet {I found} that {it} was not {accessible}. First of all, it was very far, then there was no clear path, it was very uneven with stones and cracks and when I got to the toilet it was not usable, it was very dirty, it was not safe for my health because I had just given birth and there was no possibility to change my sanitary napkin after giving birth. So, I had to do it where I didn't want to. I had to be accompanied by someone. I really regretted this situation.”

– A 38-year-old visually impaired teacher, also mother of 3 children, Burkina Faso.

Interviewees described several factors that make public and private toilets inaccessible. They said that the doors are too small and narrow, people in wheelchairs must leave their wheelchairs outside and crawl to the toilet. When the door does accommodate wheelchair users, it is inside a room that is too small for wheelchair movement. Another element that came up systematically is the lack of hygienic maintenance of the toilets.



Persons with physical and/or visual disabilities often need to crawl to get to the toilet. It is embarrassing and challenging to do this in public spaces. The fact that toilets lack supporting structures such as ramps makes it more difficult for them. At best, they use the walls as a support but for those with physical disabilities, this is not always possible.

Accessibility is also about how people arrive at the toilet. Before facing the barriers of the toilets, they often need to face barriers on the journey to the toilet. A couple of examples that were shared by

interviewees were about the distance and a lack of communication to indicate where the toilets are located. Often, with no access to private or public toilets, women with disabilities are forced to relieve themselves in the nearest secluded spot, such as in agricultural fields, which is a violation of their dignity and privacy. Having to travel a long distance to use a toilet makes them more dependent on other people for things that should be done privately; relieving themselves in secluded spots makes them ashamed of themselves and leaves them vulnerable to attacks/assault.

The lack of accessible signs is a bigger issue for persons with visual impairments. In public spaces such as hospitals, schools, and workplaces, the location of toilets is often poorly communicated, with small signs, dull colors, and without indications on the ground for accessibility.

Poor Access to Water

As reported by the United Nations Children's Fund (UNICEF), over a third of people living in West and Central Africa still lack access to safe drinkable water. This affects the health and wellness of people, especially children, making them more vulnerable to diseases such as diarrhea and cholera³⁵.

³⁵ Water, Sanitation, and Hygiene. (2022). Retrieved 30 August 2022, from www.unicef.org/wca/what-we-do/wash

For all the interviewees, poor access to water is an issue related to the lack of access to toilets but also a bigger issue is the livelihood of people. Poor access to water has an impact on hygiene, cooking, and drinking to the population in general, which is aggravated to persons with disabilities. Poor access to water was mentioned as the most pressing issue outside of access to toilets by people interviewed.



In their Words

The situation in Ouagadougou is fine, but in villages, people still need to go to the pumps to fetch water. These are not accessible. They either stop and wait for someone who can help them and pump for them or they go with their family members to pump for them. In the village, many people do not shower because of the limited access to water.



"I have access to tap water, but before that, I used to go to the big fountain on my tricycle to fetch water. Not everyone has running tap water at home and at the fountain, someone had to help me put water in the container."

– A woman of short stature from Burkina Faso.

Persons with disabilities find themselves in a position to bribe, pay, or do favors to get water. Not all homes have taps, and in the houses that do, many turn the water off after the morning.

“There was a time, two months ago, when we had really serious problems accessing water which caused me to have an infection that led to vaginal discharge problems. It made me so tired and cost me a lot of money, I had to go to a doctor and that, too, is not accessible at all [...] As long as we cannot find a solution for the supply of clean, safe water, things will repeat themselves, and if I don’t take care of myself, I risk a second infection or worse.”

– A woman with a physical impairment from Guinea.



In some cases, water is not free. In fact, people must pay a certain amount of money, varying from country to country, to have access to boreholes. For example, in Mali, especially in Bamako, a liter of water costs 25 CFA Francs. 20 liters of water costs up to 250 CFA Francs (0.38 USD for comparison) In Guinea Conakry, a liter of water costs 3000 Guinea Francs (0.35 USD). In addition to paying for the water bottles, persons with disabilities also pay the people who fetch the water for them.

“Access to water is a problem that I encounter every day. Here in Guinea, where my brother and I live, water is a real problem. Imagine someone who lives with a person with disabilities and there is no water in the whole building, there is not even water in the neighborhood except for the boreholes. You have to pay someone to go far away to get 2/3 bottles”.

– A woman with a physical impairment from Guinea.

Without water, women find it difficult to maintain clean hygiene, especially while menstruating. They struggle to have enough water under these circumstances to take a shower. The low levels of hygiene caused by the difficulties of access to water has a significant impact on women’s health as they are prone to vaginal and skin diseases.

Menstrual Insecurities for Girls, Youth Women, and Women

Menstrual insecurity was identified as a major issue by the interviewees, including a man. Menstrual insecurity involves two aspects: the lack of menstrual hygiene products such as pads for women, youth women and girls, and the consequences of the lack of access to toilets and water during menstruation.

Women stated that they find it difficult to access hygiene products and to keep themselves clean during their menstrual periods. They also recognized that this problem is even more severe for younger girls, especially when they’re still in school. First, they face mobility difficulties when going to school.

Girls with disabilities are often bullied in school for menstruating. Girls with visual impairments often do not realize when they have begun menstruating and need to be informed of visible signs and leakages for them to begin using sanitary napkins. It is harder for them to keep going to school after such embarrassment and continued unpleasantness from their peers.

With the lack of access to toilets, women with disabilities are not sure if they have a place to change in private. When they are at home, they change in their rooms, but in public or schools, they are not sure if they can find somewhere to change.

In their words

One of the major barriers to having access to sanitary napkins is cost, which is around 500 francs. Some women cannot afford to buy sanitary pads, they are forced to use fabric to compensate for the lack. This solution is not optimal because they need to wash the cloth and leave it dry to reuse it. With the lack of access to water, it is difficult to even wash the cloth. Sometimes, they are aware that the situation leads them to emit foul odors and can lead to vaginal infections and disease.

– A woman of short stature from Burkina Faso.



Gender-Based Violence and Safety

Violence within the family

Women, youth women and girls with disabilities face a wide variety of violence, including physical violence, violence from animals, and psychological from society and family members. Psychological violence is the most common as it begins inside their houses. These individuals often face mockery, innuendos, and insults from family members daily, which compounds the exclusion they experience spatially within the house.

In fact, they are generally located in the furthest room of the house, and far away from the toilets and other rooms of the house. To get to the toilets, women with disabilities require assistance to reach the toilets and carry their water buckets.

Sometimes, these individuals don't have adequate support and must find ways to gain support from family members. They are forced to find something in exchange for help, such as money or food items, which is also a form of psychological violence because they feel that they must trade to be seen and supported.

In their words

Women with disabilities are isolated from their family members, often invisible and unseen by their nearest. Many are seen as bitter, mean, or aggressive if they react out of anger to their abuse. Sharing things depends on the education levels and empathy of family members.

It is not just assault, beatings, and physical violence that we endure. It is verbal violence and psychological violence. [...] When your sister-in-law says to you "We're really tired of all these people who can't do anything, they're a burden to us, who bother us at home..." isn't that violence? Did she talk about you? Did she mention your name? But in your heart, you know what you feel, and you can't do anything about it."

— A 51-year-old woman with a physical impairment from Mali.

Violence Outside the Family

Physical violence occurs when women with disabilities practice open defecation, especially in rural areas. They are vulnerable to aggression and assault from strangers.

In their words

People have different constraints depending on their disability. Women with physical disabilities can see the danger but will have difficulties physically moving and escaping the danger. Women with visual disabilities will not be able to see the danger and therefore cannot escape. For those, even the fact that they need a person's help to defecate is a danger. They need someone they know and trust to accompany them, but even that is not completely safe.

"The violence {occurs because of} the fact that we cannot see each other, since we do not have people at our service to accompany us exclusively... We ask different people, and we have to know the good faith of the other, when we are going to relieve ourselves, as I told you that I prefer to go at night, I do not know what is around me, I can be a victim of assault or rape."

— A woman with a visual impairment from Burkina Faso.

Many women with disabilities contract HIV after participating in sex work for food, access to water, assistance, or for exceedingly tiny amounts of money.



“Even among sex workers, women with disabilities remain invisible. Prostitution is a taboo topic, and once that label is added to our identities, it can never be removed, we are labelled as sex workers, and we are discriminated against even more.”

— A 51-year-old woman with a physical disability in Mali.

Women with disabilities often live with their fathers because they do not get married. However, others find themselves in insincere, short-lived marriages or relationships due to antiquated beliefs, such as, “If you marry a disabled woman, you will become rich,” or “If you father children with a disabled woman, the children will succeed.” Another belief is that impregnating a woman with an intellectual disability can cure AIDS.

Almost all men abandon their children to be cared for by the (often) unwed mothers. Women with disabilities are then left with the additional responsibilities of child-rearing in an environment that is physically, financially, culturally, and socially dangerous to them.

Violence from Animals

Women with disabilities who practice open defecation in fields or secluded areas away from human take are at risk of encountering animals that could attack them.

In their words

Very often, women with disabilities choose to relieve themselves only at night to have privacy, due to the shame and embarrassment associated with using public toilets.



“One of the biggest difficulties I have when I go to my home (to the village) is the problem of the toilet and this can cause me to withhold myself for 24 hours or even longer. And you have to choose the time to go to the stool and for me the best time is at night. And even with that, you are still vulnerable to all kinds of dangers; when you are out in the open there can be stray animals like dogs and cattle, so you must have a person with you. On top of that, you are in the grass, so there can be attacks from reptiles, and when there is rain and wind it is even more complicated.”

— A woman with a visual impairment from Burkina Faso.

The lack of access to water puts women with disabilities at increased risk for infectious diseases that often cause diarrhea and other digestive issues. They are forced to defecate by digging holes in secluded spots, which puts them at risk of attack by animals and vulnerable to other forces of nature.



“People go into the bush to relieve themselves and this is dangerous. Persons with disabilities who relieve themselves in the bush can come across a snake, they can be stung by the thorns.”

– A woman of short stature from Burkina Faso.

It is nearly impossible for persons with visual impairments to defecate alone because they're unable to see the danger coming and to navigate into the fields.

Policies and Actions on the Ground

It was harder to find answers to questions in the interviews that were about policies and the implementation of the UNCRPD and national laws that were set up to protect and support persons with disabilities. Interviewees are aware that the countries have ratified the UNCRPD, but they do not have an awareness of how it is implemented. They are also not completely aware of which organizations are working to make WASH services more accessible for persons with disabilities.

In their words

In Burkina Faso, Law 012 on the protection and promotion of the rights of persons with disabilities resulted from the Article 9 of the UNCRPD. It provides the right to the accessibility of public services to persons with disabilities. In Guinea, a similar law exists, but it is not implemented. This law encourages the protection and promotion of persons with disabilities.



We have a law here in Guinea on the protection and promotion of persons with disabilities, but this law is not implemented. In this law there is a specific article that talks about accessibility, and that talks about disabled women. I think that if this law is respected and applied the problem will be solved, but the big problem is the application of these texts. Moreover, the country has ratified the UNCRPD, they have all the documents, but it remains in the drawer.

– A woman with a physical disability from Guinea.

Interviewees stated several reasons why the laws are not implemented or applied to everyday life, including the lack of knowledge of the rights of persons with disabilities, and a lack of awareness among the general population, government service agents, and home/public builders. They also stated that government officials consider the cost of inclusion extremely high and that it is expensive to renovate existing toilets to make them more accessible.

Suggestions and recommendations

After sharing the different effects that the lack of toilets and clean water has on their daily lives, interviewees expressed their views on what accessible toilets mean to them and their suggestions on how accessibility could be made possible

Raising Awareness

To overcome the lack of knowledge from people (communities, families and government agents, NGOs, and builders), interviewees talked about **developing awareness using the radio**, since it is the most utilized means of communication in their society. They suggested that awareness could also be raised through village theatre and discussions.



“If the population can understand the benefits of having accessible toilets, it would be easier to have them built.”

To Facilitate the Implementation of Laws

For the lack of implementation of existing laws on persons with disabilities, interviewees suggested **adding more detailed information to the laws that are already in place**. Laws resulting from the UNCRPD in these countries cover diverse requirements of persons with disabilities. Interviewees felt that the laws would be easier to implement if they were broken down into various components. They emphasized that simply by adding details about accessibility standards, the law would become more enforceable, because government officials would have fewer problems understanding and enforcing the law.



“For example, if the law has a section on accessibility, simply using the word is not sufficient for officials to understand what kind of accessibility it refers to and how the law will be implemented to enable access. We need to have accessibility standards. If the accessibility component is detailed, it will show how to promote access to persons with disabilities in public and private places.”

Interviewees also expressed that laws should emphasize **the need to comply with building standards** for toilets. If the building standards were met while building toilets, persons with disabilities would have better access to them.

To Overcome the Financial Barrier

To support persons with disabilities financially, some interviewees suggested that the **government provide grants to the poorest and the most vulnerable** who suffer from the lack of access to toilets.

◇◇◇◇◇ *“The cost of rebuilding toilets to make them accessible may be quite high, living in a developing country. Most people do not have the resources to pay for construction costs.”*

Most persons who had reconstructed toilets to make them accessible were helped financially by friends or relatives. These grants could help to reduce the cost of reconstruction if that is what is needed.

To Establish Legal Sanctions and Coercive Measures

Interviewees expressed that despite building awareness, helping to make the laws more comprehensible, and the provision of financial grants, it is likely that officials and the public will still present barriers to building accessible WASH services. Because of this, legal sanctions must be placed upon them, with coercive measures that ensure that persons with disabilities have access to private or public toilets and water sources.

◇◇◇◇◇ *“The only way that people and the government will take the matter seriously is when there is a sanction by the respective institutions (national court).”*

Universal Design

“Toilets that are accessible to persons with disabilities don’t simply mean that they have to be big, with a big door, with ramps or handrails.”

The construction of accessible toilets should consider different types of impairments: physical, visual, psychosocial, and intellectual. For countries that do not have accessibility standards yet, access to country-peer learning practices can be very efficient. Organizations of persons with disabilities can also support that.

“Toilets that are accessible to persons with disabilities are also accessible to everyone else: to elderly persons, pregnant women, and persons without disabilities. Using the principle of universal design³⁶ to build toilets will make it closer to being infrastructure that can be used by everyone.”

The AAAAQ (Availability, Accessibility, Acceptability, Affordability, Quality) framework, developed by the Committee on Social, Economic, and Cultural Rights can be used as an effective tool while designing WASH services. This framework will help analyze if services are available, in existence, accessible physically, financially affordable, and socially respectful of the culture of individuals and communities, and allow for easy access and use, with quality.

Implementing universal design in toilets in both public and private places will prevent people, more specifically, women, from practicing open defecation and/or restrict themselves from going to toilets for fear of not being able to use them.

“With the right elements integrated into the toilet facilities such as vertical and horizontal grab rails that are built at a height and distance to the latrines, you are building a toilet that is convenient for use by wheelchair users, those with a visual disability, and persons of short stature, among others.”

Having this kind of toilet can avert the violence that women, youth women and girls with disabilities experience while practicing open defecation. It can also prevent them from being exposed to other human waste repeatedly. Therefore, this can reduce the risk of them catching diseases.

³⁶ Universal Design refers to “a design that’s usable by all people to the greatest extent possible without the need for adaptation or specialized design”. What is Universal Design? (2022). The Universal Design Project. <https://universaldesign.org/definition>

In addition to grab rails, a washbasin is required to help women with disabilities to wash their hands. These wash basins should also be at a specific height with open knee space so that wheelchair users can access them.³⁷



“With adequate sanitation facilities and regular water on tap, access to water will be easier and the cost of water will be less. The privacy, intimacy, and dignity of women will then be protected.”

Access to water, sanitation and hygiene is an essential part of respecting one’s inherent dignity. The deprivation of WASH is an attack on human dignity, which is the basic principle upon which human rights are built. Depriving women, youth women, and girls with disabilities of universal design is a deprivation of their independence and autonomy, a flagrant disregard of their inherent dignity.

To achieve progress with incorporating universal design, the beneficiaries, the general population, government officials, NGOs, partners, and all other stakeholders need to be aware of the current reality of these women, and their rights and need to be informed and educated about the possible solutions. Above all, the responsible authorities should be involved legally and financially to solve them.

A human-rights based approach to development plays a prominent role in the realization of the SDGs across the globe. A key challenge that presents itself repeatedly in varied contexts is the need to translate international human rights instruments and values as a model for development with clear methodology, critical concepts, and policy options.

All actors involved must be aware of what the right to an acceptable quality of life entails and how it might be fulfilled. Consultation with women, youth women and girls with disabilities is the cornerstone of disability-inclusive development.

While secondary research and the analysis of observations from related studies can help, focused discussions that use participatory methods in policy framing and service delivery are essential in achieving the goal of equitable and inclusive WASH services for all, which currently remains an abstraction for the girls, youth women and women with disabilities in the French-speaking nations of West Africa.

³⁷ Center for Excellence in Universal Design National Disability Authority. (n.d.). Building for Everyone: A Universal Design Approach. www.universaldesign.ie/Built-Environment/Building-for-Everyone/5-Sanitary-Facilities.pdf

APPENDIX A: KEY INFORMANT INTERVIEWS QUESTIONS

PART 1: Introductions

Hello, my name is ... I am an intern at IDA. I am conducting research on the situation of women with disabilities around the need for accessible toilets in the West African region.

The International Disability Alliance is a network organization of persons with disabilities and their families.

IDA promotes the inclusion of persons with disabilities in global initiatives to advance human rights and sustainable development. We aim for a society that values diversity, respects equality, and realizes the full potential of persons with disabilities to build a better world for all.

- Which OPD do you belong to? Size of the OPD + Members of the OPDs
- What are the main actions it carries out?
- Age, country, disability constituency.

PART 2: On Access to Toilets

1. How are toilets inaccessible for women with disabilities in your region/
country today?

.....

2. What kind of toilet do you have at home?

.....

- How easy or difficult is it to use it?
- Do you share it with other members?
- Or do you need to go out to access a toilet?

3. Why do you think there are no accessible toilets in public places such as schools, hospitals, etc.?
.....

4. Personally, what are the solutions you have improvised to be able to use toilets?
.....

PART 3: His/her Vision

1. Access to water, the threat of violence, and menstrual insecurity are some of the problems women with disabilities face due to a lack of accessible toilets. Which of these issues is the most pressing in your everyday life? And why?
.....
2. Systemically, what are some policies you would suggest to have a society with more accessible toilets?
.....

PART 4: In Terms of Policies and Actions on the Ground

1. How is the UNCRPD implemented in your country? Mainly, Article 6 on women with disabilities and Article 9 on accessibility.
.....
2. What are the main organizations in your country working on to create accessible toilets for women with disabilities?
.....
 - Does your organization work with other women's organizations in the country and other countries toward implementing UNCRPD and SDGs?
3. Could you share some examples of OPDs, women's organizations, or NGOs working on making toilets more accessible in your country or in the region?
.....

APPENDIX B: KEY INFORMANT INTERVIEWS QUESTIONS IN FRENCH

PART 1 : Présentations

Bonjour, mon nom est ... Je suis stagiaire chez IDA. Je mène une recherche sur la situation des femmes handicapées concernant le manque de toilettes accessibles dans la région de l'Afrique de l'Ouest.

L'International Disability Alliance est une organisation de réseaux de personnes handicapées et de leurs familles.

L'IDA promeut l'inclusion des personnes handicapées dans les initiatives mondiales visant à faire progresser les droits de l'homme et le développement durable. Nous visons une société qui valorise la diversité, respecte l'égalité et réalise le plein potentiel des personnes handicapées afin de construire un monde meilleur pour tous.

- ➔ **A quelle OPH appartenez-vous ? Taille de l'OPH + Membres de l'OPH**
- ➔ **Quelles sont les principales actions qu'elle mène ?**
- ➔ **Âge, pays, catégorie de handicap.**

PART 2 : Question sur l'accès aux toilettes

- 1. Quel est le niveau d'inaccessibilité des toilettes pour les femmes handicapées dans votre région/pays aujourd'hui ?**

.....

- 2. Quel type de toilettes avez-vous à la maison ?**

.....

- Est-il facile ou difficile de l'utiliser ?
- La partagez-vous avec d'autres membres ?
- Ou devez-vous sortir pour accéder à des toilettes ?

3. Pourquoi pensez-vous qu'il n'y a pas de toilettes accessibles dans les lieux publics tels que les écoles, les hôpitaux, etc.

4. Personnellement, quelles sont les solutions que vous avez mises en œuvre pour pouvoir utiliser les toilettes ?

PART 3 : Sa vision des choses

1. L'accès à l'eau, la crainte de la violence, l'insécurité menstruelle sont des problèmes auxquels les femmes handicapées sont confrontées en raison du manque de toilettes accessibles. Lequel de ces problèmes est le plus urgent dans votre vie quotidienne ? Et pourquoi ?

2. D'un point de vue systémique, quelles sont les politiques que vous suggèreriez pour avoir une société avec plus de toilettes accessibles ?

PART 4 : Au niveau des politiques et des actions sur le terrain

1. Comment la CDPH est-elle implémentée dans votre pays ? Principalement l'article 6 sur les femmes handicapées et l'article 9 sur l'accessibilité.

2. Quelles sont les principales organisations dans votre pays qui travaillent à la mise en place de toilettes accessibles pour les femmes handicapées ?

— Votre organisation travaille-t-elle avec d'autres organisations de femmes dans le pays et dans d'autres pays pour mettre en œuvre la CDPH et les ODD ?

3. Pourriez-vous donner quelques exemples d'OPH, d'organisations de femmes ou d'ONG qui travaillent à rendre les toilettes plus accessibles dans votre pays ou dans la région ?

