Ensuring the availability of water, sanitation and hygiene (Goal 6)

The 2030 Agenda includes Goal 6, which calls for ensuring the availability and sustainable management of water and sanitation for all and establishes ambitious targets for universal access to safe drinking water, sanitation and hygiene services. In particular, target 6.1 calls for achieving universal and equitable access to safe and affordable drinking water for all; and target 6.2 calls for achieving access to adequate and equitable sanitation and hygiene for all. This chapter will focus on these two targets. Universal coverage implies providing access to services in all settings – homes, schools, healthcare facilities, workplaces and public spaces, among others – and for all people, to ensure that no one is left behind.

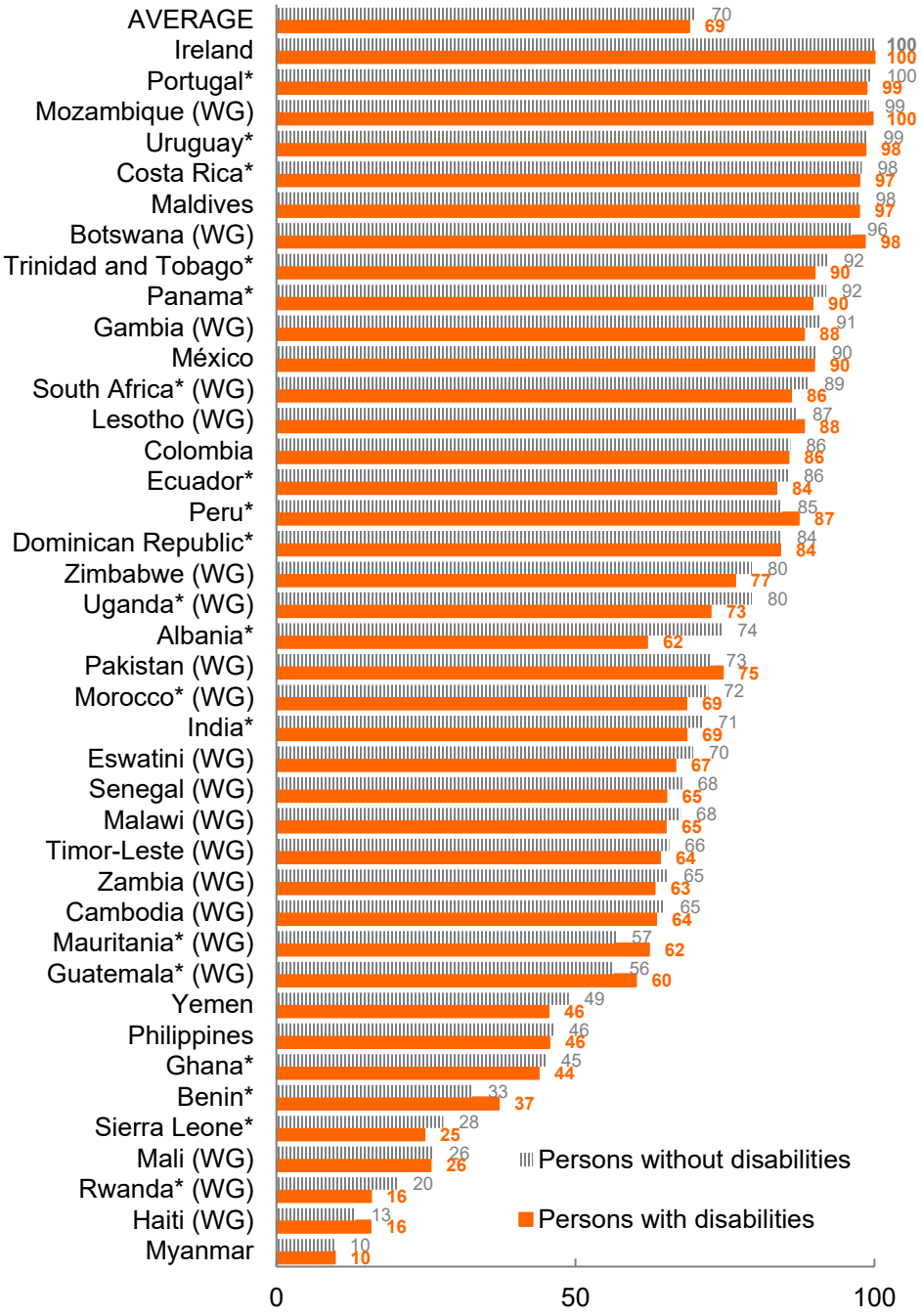
Access to safe drinking water and sanitation are internationally recognized human rights, derived from the right to an adequate standard of living under Article 11 of the International Covenant on Economic, Social and Cultural Rights. Access to safe and clean drinking water and access to sanitation were further recognized as human rights in United Nations General Assembly Resolution 64/292, adopted in 2010. Moreover, the Convention on the Rights of Persons with Disabilities (CRPD) calls on States Parties to take measures to ensure equal access by persons with disabilities to clean water services.

This chapter presents an overview of the availability and accessibility of water, sanitation and hygiene for persons with disabilities. The chapter also offers recommendations for improving the current situation of persons with disabilities regarding access to water, sanitation and hygiene and to achieve the related targets of Goal 6 by, for and with persons with disabilities.

Current situation and progress so far

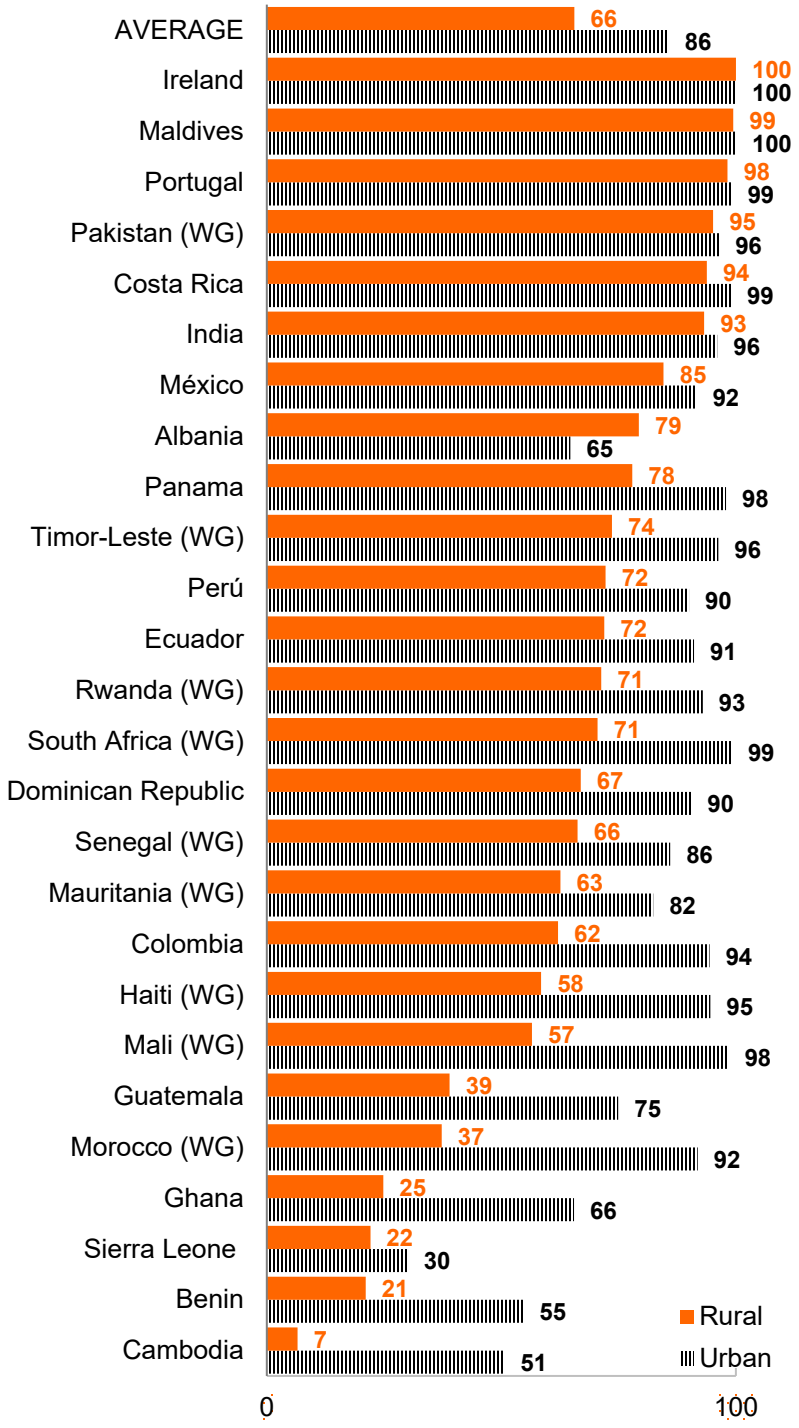
Access to safe drinking water, sanitation and hygiene is essential for good health, welfare and productivity. Inadequate water, sanitation and hygiene are primarily responsible for the transmission of a wide range of communicable diseases including cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. Diarrhoeal diseases exacerbate malnutrition and remain a leading global cause of death among children under five. Persons with disabilities continue to experience barriers in access to adequate water, sanitation and hygiene. In particular, persons with disabilities are less likely to live in households with this access. Data from 40 countries show that persons with disabilities are, on average, slightly less likely than persons without disabilities to live in households with access to adequate water, 69 per cent versus 70 per cent (Figure 92). The largest gap reaches 12 percentage points in Albania, in which 62 per cent of persons with disabilities compared to 74 per cent of persons without disabilities have access to an improved drinking water source in their dwelling. Persons with disabilities in rural areas are less likely than persons with disabilities in urban areas to live in a dwelling with access to improved drinking water (Figure 93).

Figure 92. Percentage of persons who live in a household with an improved/safe source of drinking water on premises, by disability status, in 40 countries, in 2021 or latest year available.



Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. Data for Botswana, Cambodia, Eswatini, Gambia, Lesotho, Malawi, Mozambique, Uganda, Yemen and Zimbabwe refer to households with and without persons with disabilities.
Source: UNDESA (on the basis of data from DHS,[6] IPUMS and SINTEF[9]) and ECLAC.[13]

Figure 93. Percentage of persons with disabilities with access to an improved/safe source of drinking water on or off the premises, by area of residence, in 26 countries, in 2021 or latest year available.



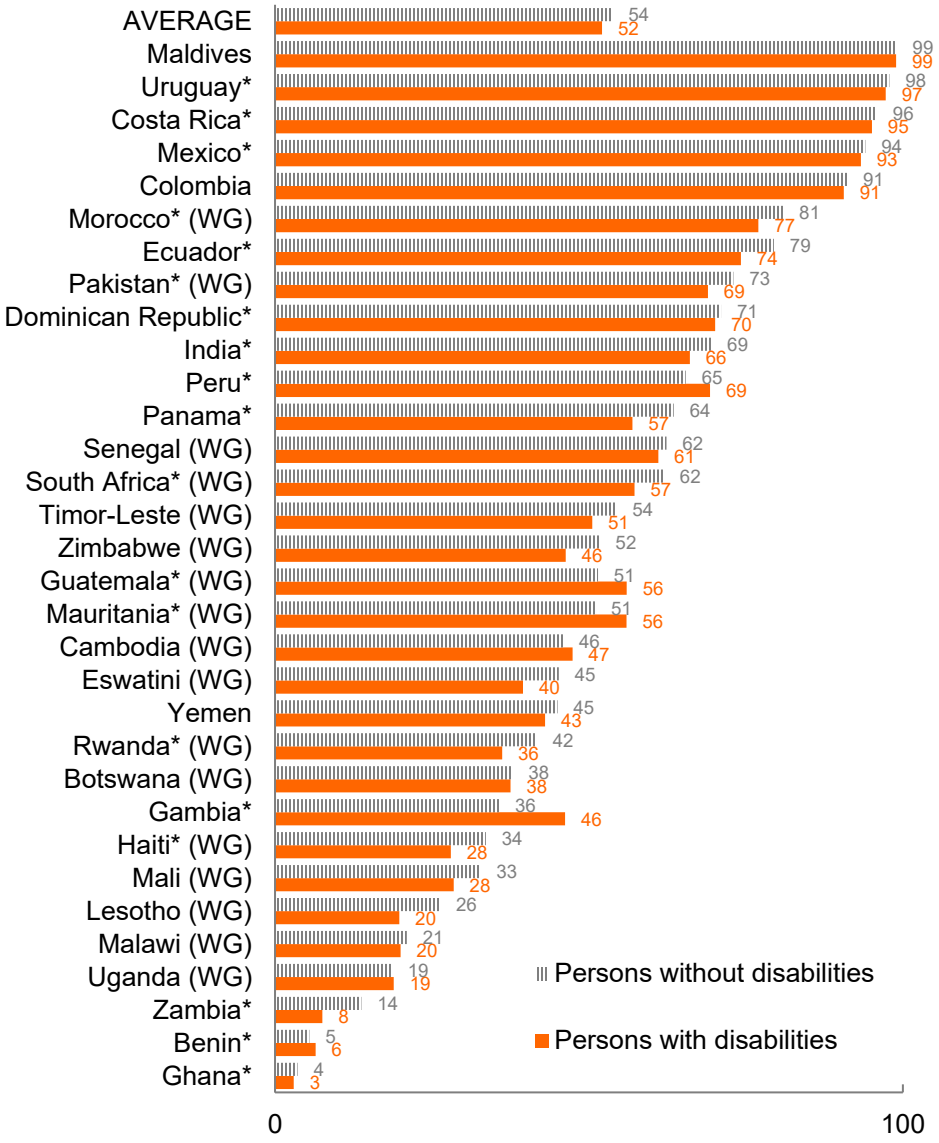
Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. Data for Cambodia refer to households with persons with disabilities.
Source: UNDESA (on the basis of data from DHS[6] and IPUMS) and ECLAC.[13]

Persons with disabilities are less likely to live in households with sanitation facilities on their own premises, that is, in their own dwelling or in their own yard or plot. Among 32 developing countries, persons with disabilities are slightly more often confronted with this challenge, as 52 per cent of persons with disabilities compared to 54 per cent of persons without disabilities have improved sanitation on their premises (Figure 94). A distant, shared bathroom can create additional difficulties for persons with disabilities, who may experience difficulties, for example, in mobility, locating the bathroom, and waiting in line. Yet, in 15 countries, less than 50 per cent of persons with disabilities have improved sanitation on their premises. Persons with disabilities in rural areas are less likely than persons with disabilities in urban areas to live in a dwelling with access to improved sanitation (Figure 95).

In European countries, on average, the percentage of persons who live in households with a toilet on the premises is slightly lower for persons with disabilities, 97 per cent, than for persons without disabilities, 98 per cent (Figure 96). For many of these countries, the population without a toilet on the premises is small, both for persons with and without disabilities and the gaps between persons with and without disabilities, albeit often disfavouring persons with disabilities, are also small. However, in countries where the presence of a toilet in the dwelling is not close to universal, persons with disabilities tend to have a significant disadvantage. In four European countries, more than 1 in 10 persons with disabilities still lacked a private indoor flush toilet in 2020. In these countries, the gaps between persons with and without disabilities are between 4 percentage points and 8 percentage points. On a positive note, these countries have made considerable progress since 2015 (Figure 97).

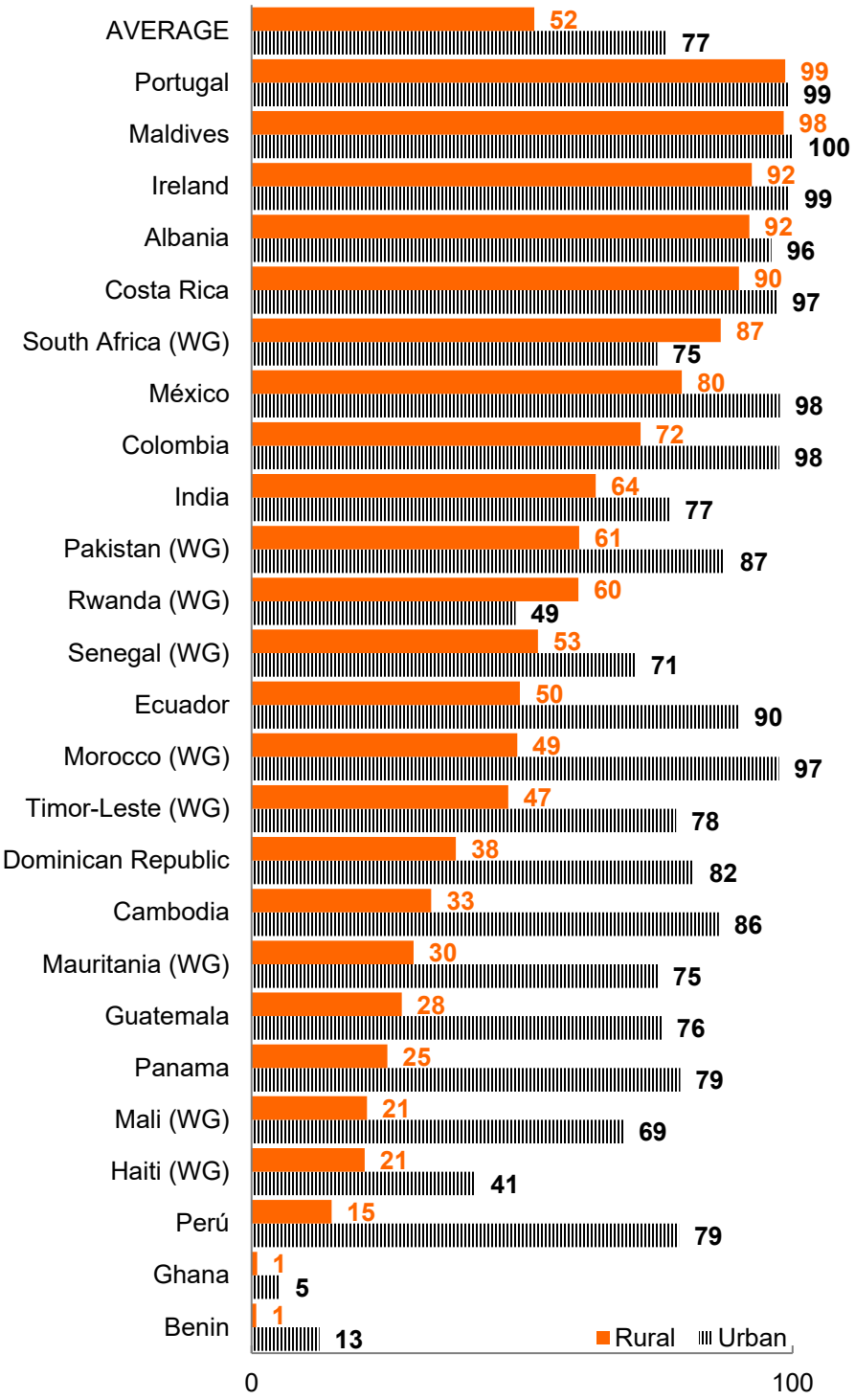
Similarly, it is slightly more common for persons with disabilities to not have a bath or shower in their home (Figure 98). Data from 34 countries mostly in Europe, indicate that the average percentage of persons with disabilities without a bath or shower in their dwelling was slightly higher (3 per cent) compared to persons without disabilities (2 per cent). In five of these countries, more than 1 in 10 persons with disabilities lives in a dwelling with no bath or shower. For both toilets and bath or shower, the gap between persons with and without disabilities is wider in countries where the overall lack of these facilities in dwellings is higher. Since 2015, almost all these countries have made progress in decreasing the percentage of persons with disabilities who do not have a bath or shower in their home (Figure 99).

Figure 94. Percentage of persons who live in a household with improved sanitation on premises, by disability status, in 32 developing countries, in 2021 or latest year available.



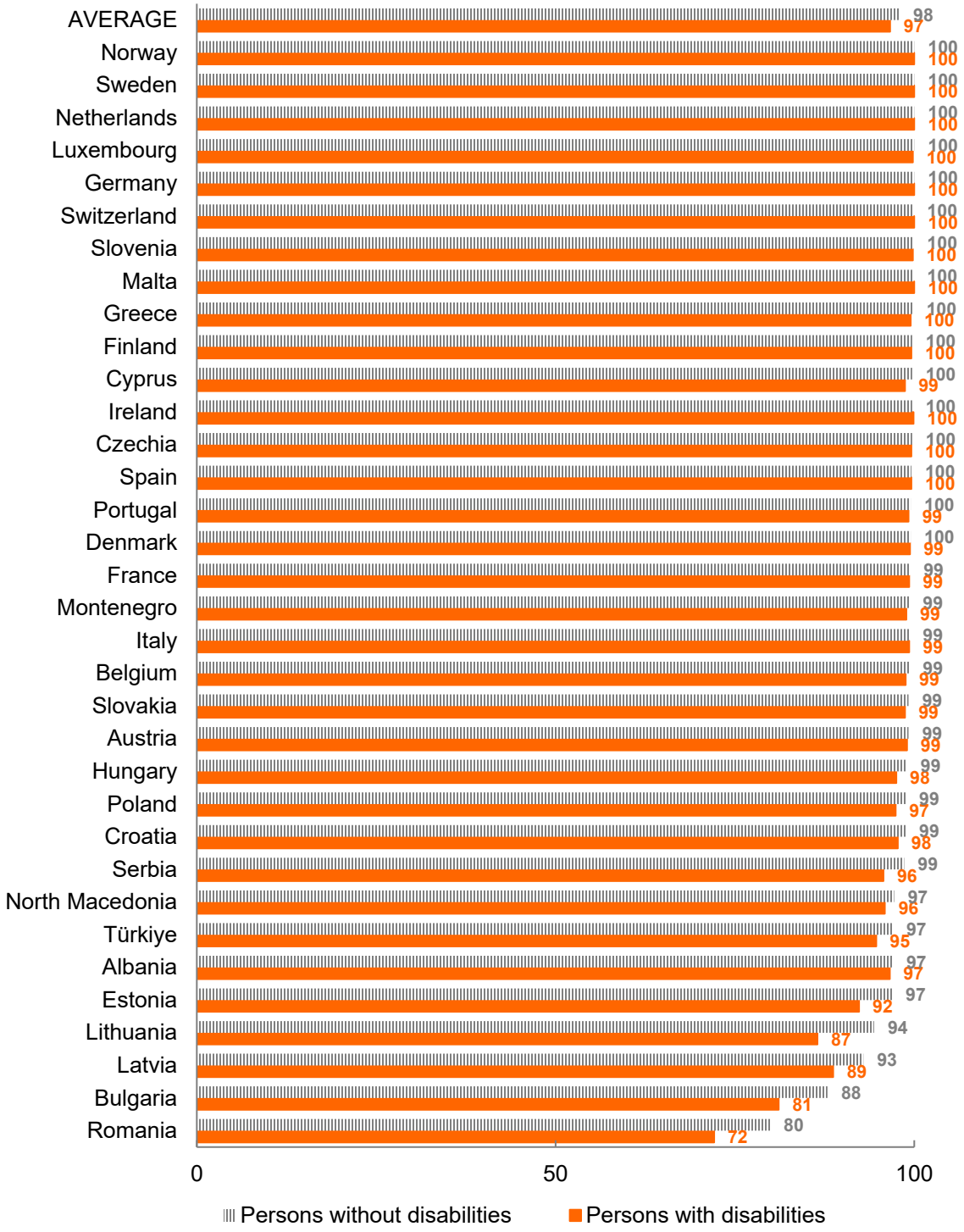
Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. Data for Botswana, Cambodia, Eswatini, Gambia, Lesotho, Malawi, Uganda, Yemen and Zimbabwe refer to households with and without persons with disabilities.
Source: UNDESA (on the basis of data from DHS,[6] IPUMS[8] and SINTEF[9]) and ECLAC.[13]

Figure 95. Percentage of persons with disabilities with access to improved sanitation on or off the premises, by area of residence, in 25 countries, in 2021 or latest year available.



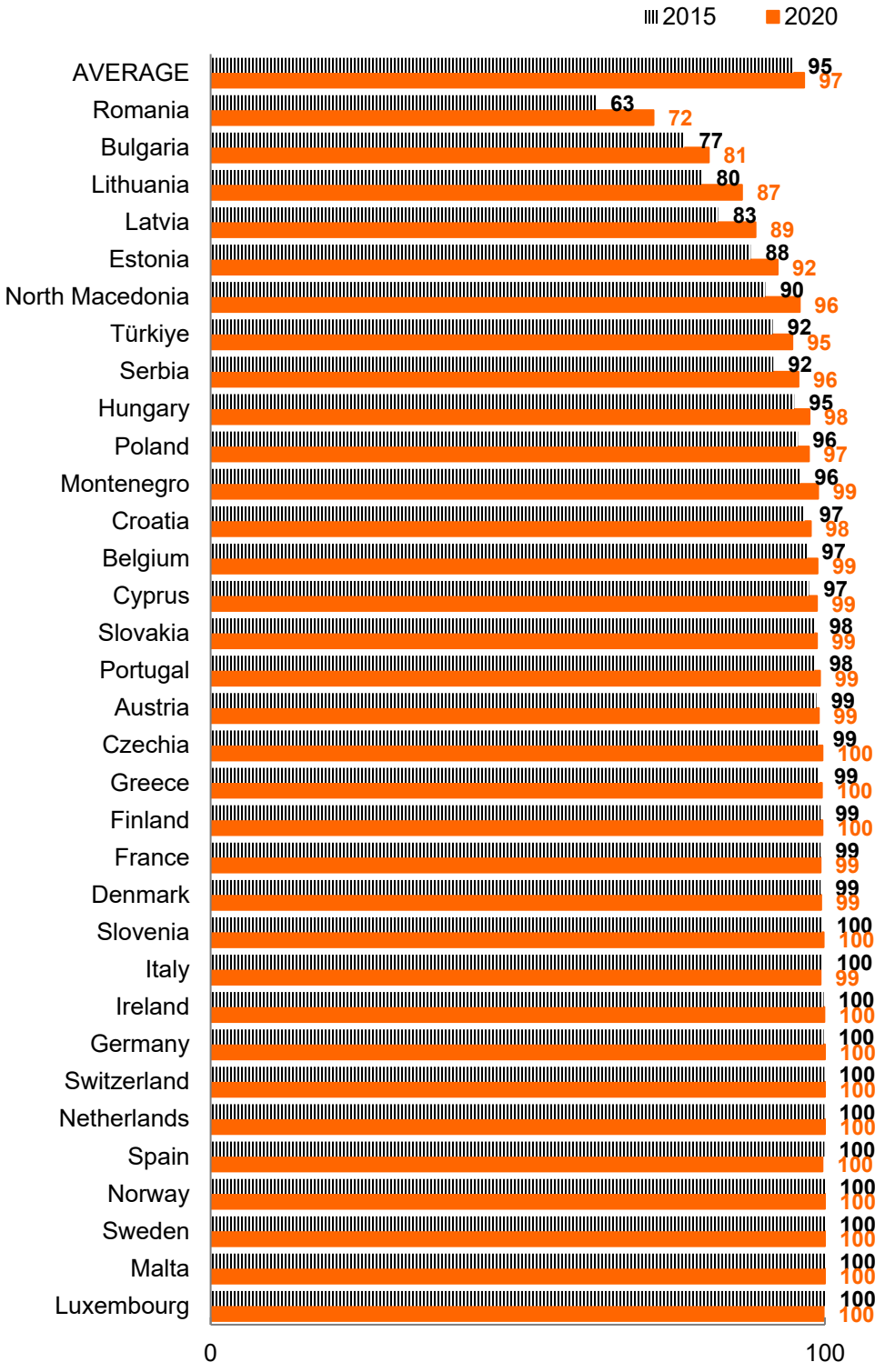
Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. Data for Cambodia refer to households with and without persons with disabilities.
Source: UNDESA (on the basis of data from DHS[6] and IPUMS) and ECLAC.[13]

Figure 96. Percentage of persons aged 16 and over with a toilet in their dwelling, by disability status, in 34 European countries, in 2020.



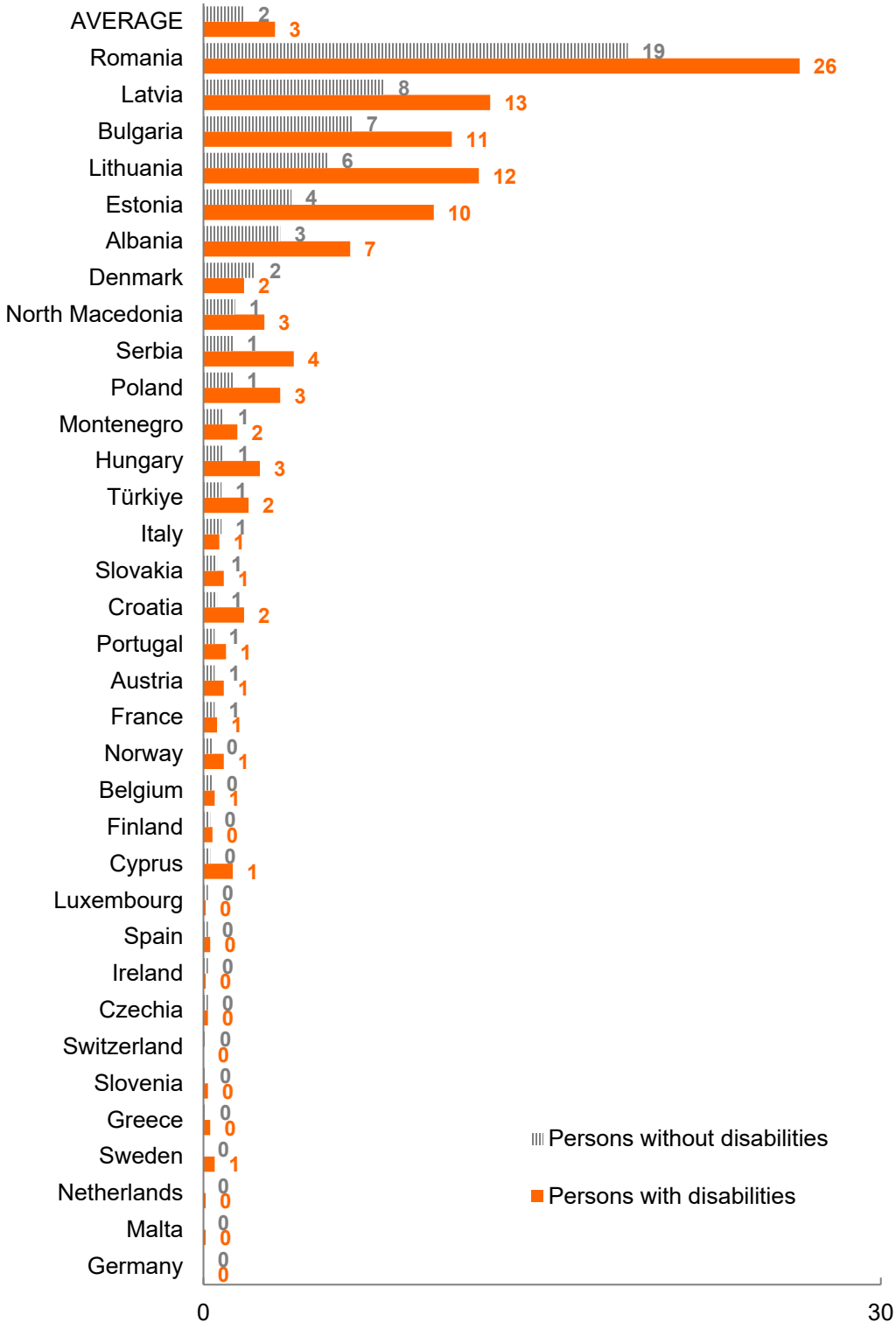
Source: Eurostat.[7]

Figure 97. Percentage of persons with a toilet in their dwelling, by disability status, in 33 countries, 2015 and 2020.



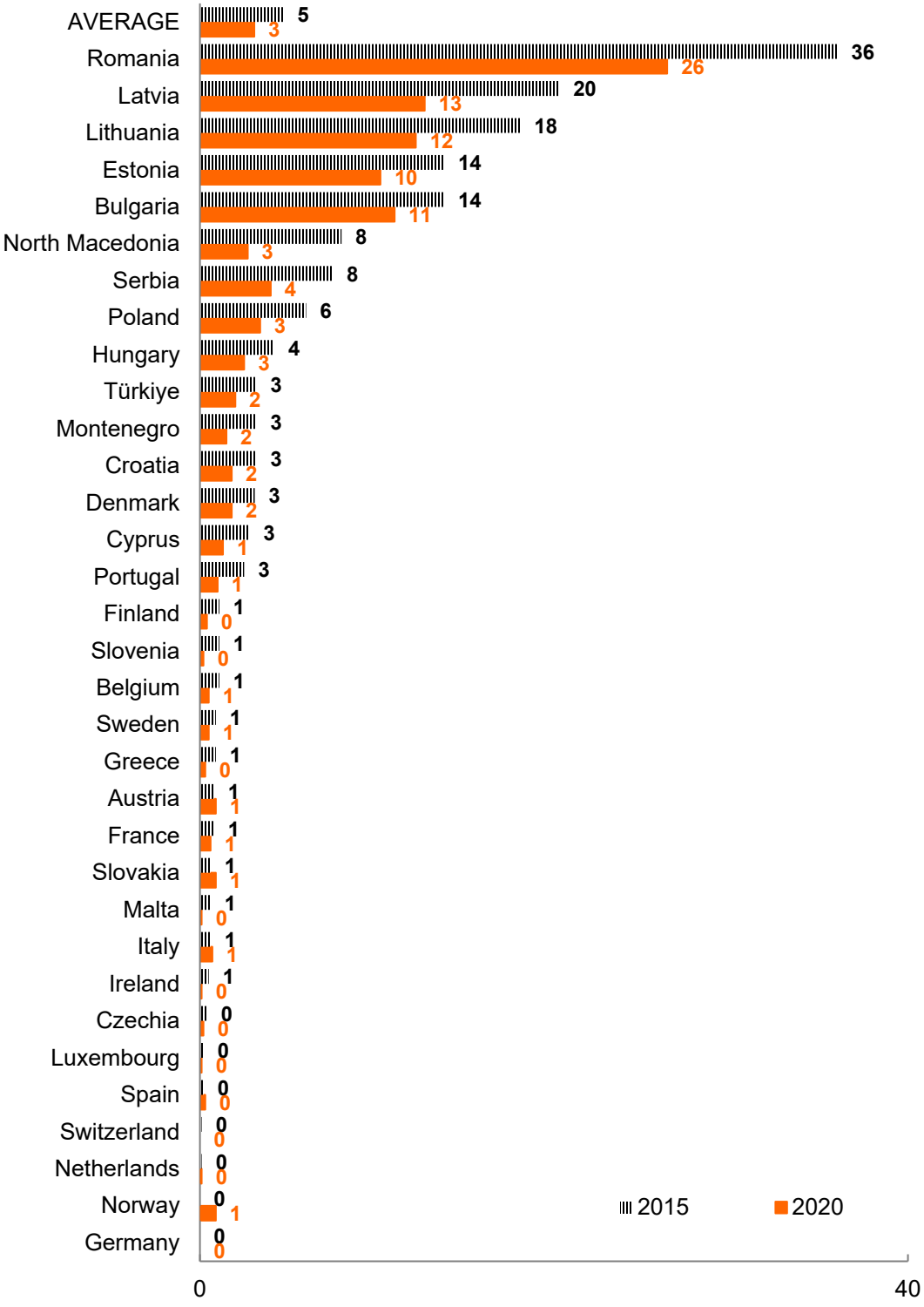
Source: Eurostat.[7]

Figure 98. Percentage of persons aged 16 and over without a bath or shower in their dwelling, by disability status, in 34 countries, in 2020.



Source: Eurostat.[7]

Figure 99. Percentage of persons with disabilities aged 16 and over with no bath or shower in their dwelling, in 33 countries, 2015 and 2020.



Source: Eurostat.[7]

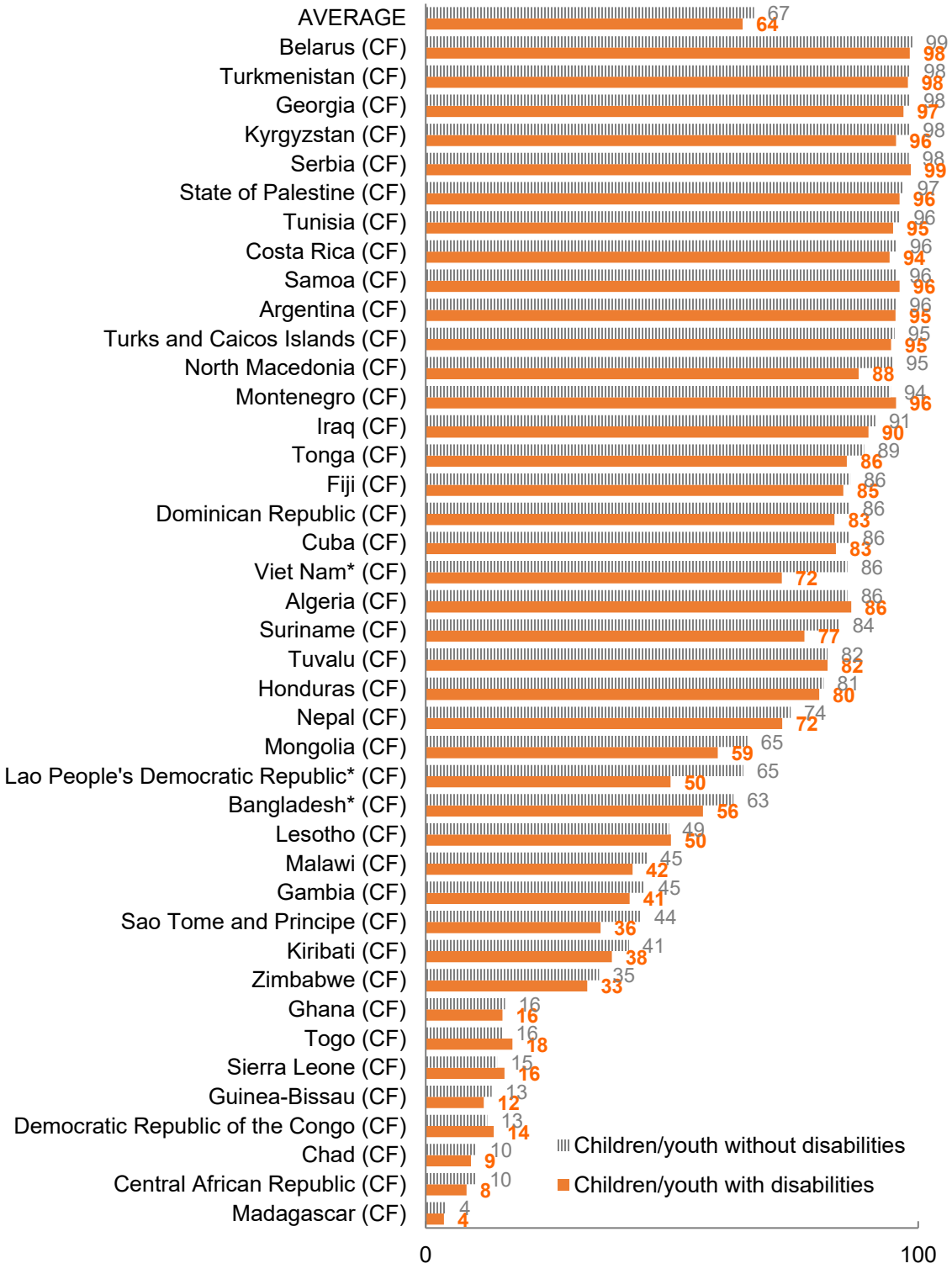
Extending access is especially important for children with disabilities. However, children with disabilities are less likely to live in a dwelling with improved sanitation facilities, with 64 per cent of children with disabilities versus 67 per cent of children without disabilities living in such a dwelling (**Error! Not a valid bookmark self-reference.**). The highest gaps are observed in Viet Nam (72 per cent of children with disabilities versus 86 per cent of children without disabilities) and Lao People's Democratic Republic (50 per cent of children with disabilities versus 65 per cent of children without disabilities). In addition, compared to others, children with disabilities are less likely to have handwashing facilities with soap and water at home (63 per cent of children with disabilities versus 69 per cent of children without disabilities); and less likely to have all three basic water, sanitation and hygiene services accessible within their dwelling, yard or plot (27 per cent of children with disabilities versus 32 per cent of children without disabilities).[46]

While access at home is important for persons with disabilities, this basic access may not be sufficient. Many persons with disabilities need water, sanitation and hygiene facilities with accessible features to meet their needs and ensure their privacy, dignity and safety. Moreover, inaccessible water, sanitation and hygiene facilities can cause accidents and injuries as well as increasing stigma and impeding persons with disabilities from using these facilities independently. They can also increase the risk of children and women with disabilities being abused or exploited while collecting water, defecating or managing their menstrual periods.

Implementation of inclusive design and of accessibility features in sanitation are increasingly common but barriers to sanitation still persist, particularly for persons with disabilities living in developing countries. Frequently mentioned structural barriers include lack of support bars in latrines for people who have difficulties holding themselves in a sitting or squatting position, and lack of accessible sinks and washing points. Among 10 countries or areas, on average 30 per cent of persons with disabilities reported their toilet at home was hindering or not accessible (Figure 101). In six of these countries, more than one out of five persons with a severe disability considered the toilet in their dwelling hindering or very hindering.

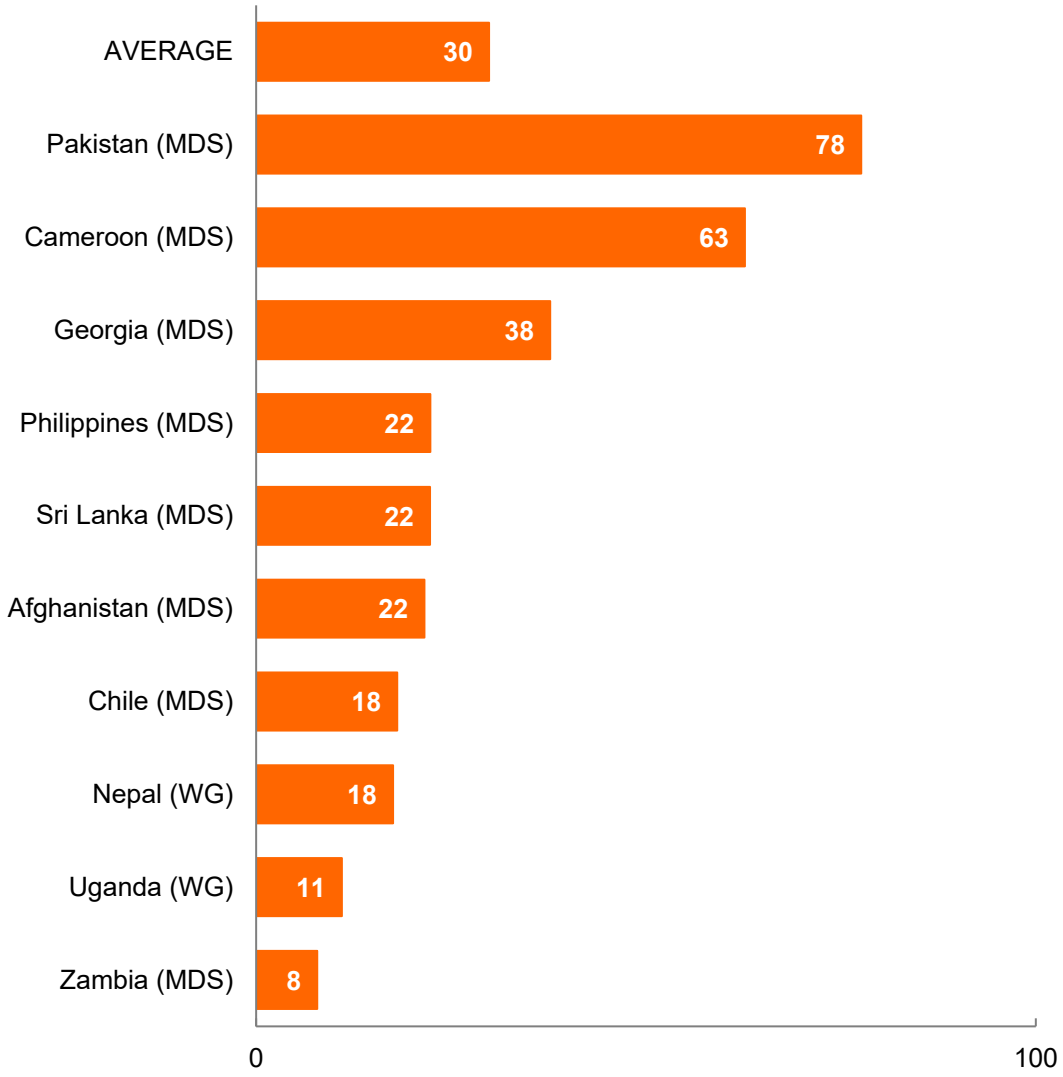
Lack of accessible water, sanitation and hygiene facilities can be particularly harmful for girls and women with disabilities. To effectively manage their menstrual periods, girls and women with disabilities require access to water, sanitation and hygiene facilities, access to affordable and appropriate menstrual hygiene materials, information on good practices, and a supportive environment in which they can manage menstruation without embarrassment or stigma. Yet, among 30 countries or areas, on average 19 per cent of women with disabilities compared to 13 per cent of women without disabilities did not participate in work, school and social activities during their last menstrual period (Figure 102). In many countries, women with disabilities are twice as likely to not participate in work, school and social activities during menstruation than women without disabilities. In North Macedonia, women with disabilities were five times more likely to not participate.

Figure 100. Percentage of children/youth aged 2 to 17 years living in a dwelling with improved sanitation facilities, by disability status, in 41 countries or areas, in 2017-2021.



Note: (CF) identifies data produced using the Child Functioning Module.
Source: UNICEF (on the basis of data from MICS[6]).

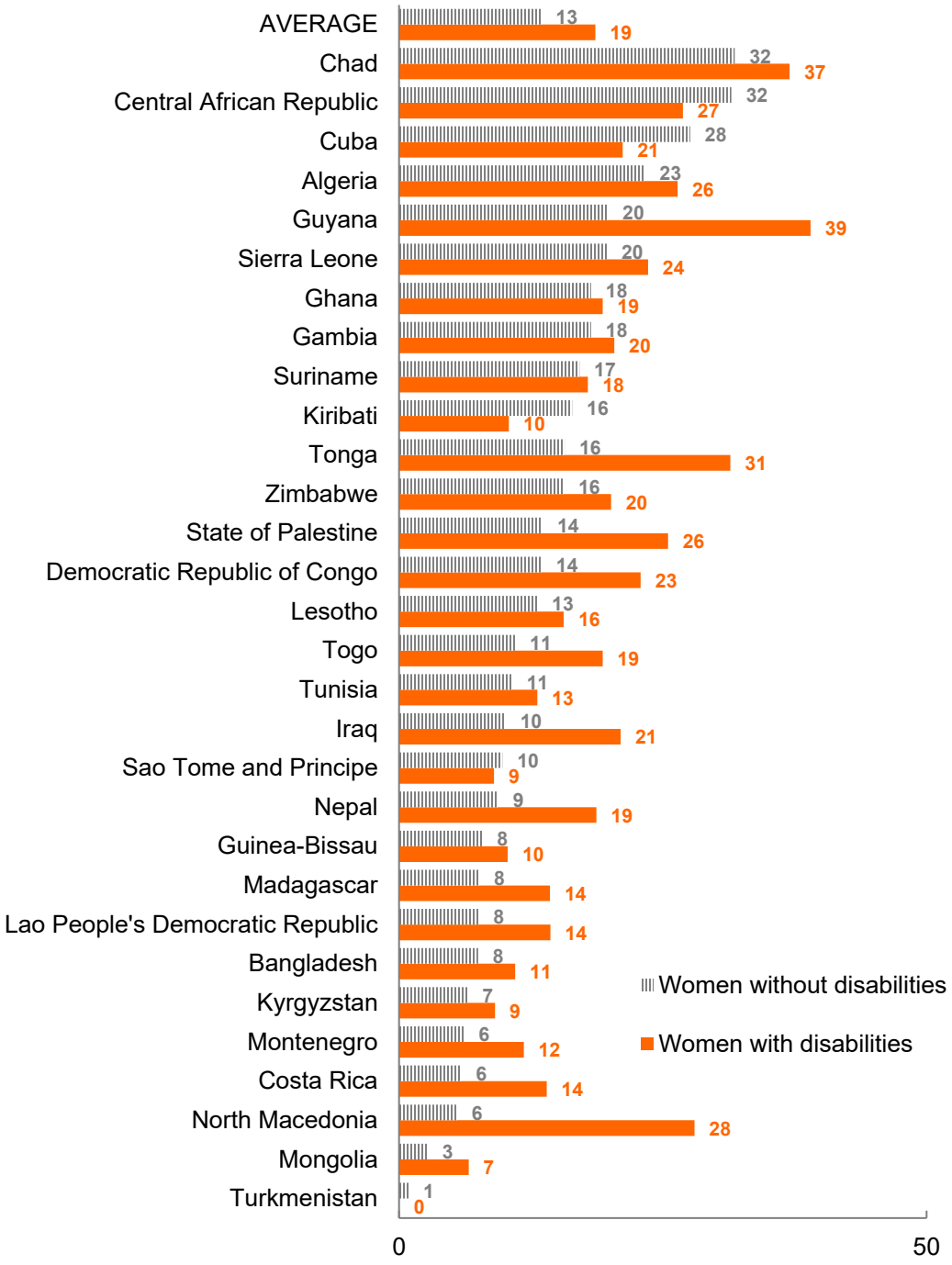
Figure 101. Percentage of persons with disabilities who reported their toilet at home is hindering or not accessible, in 10 countries or areas, in 2015-2021.



Source: UNDESA (on the basis of data from SINTEF[9]) and WHO.

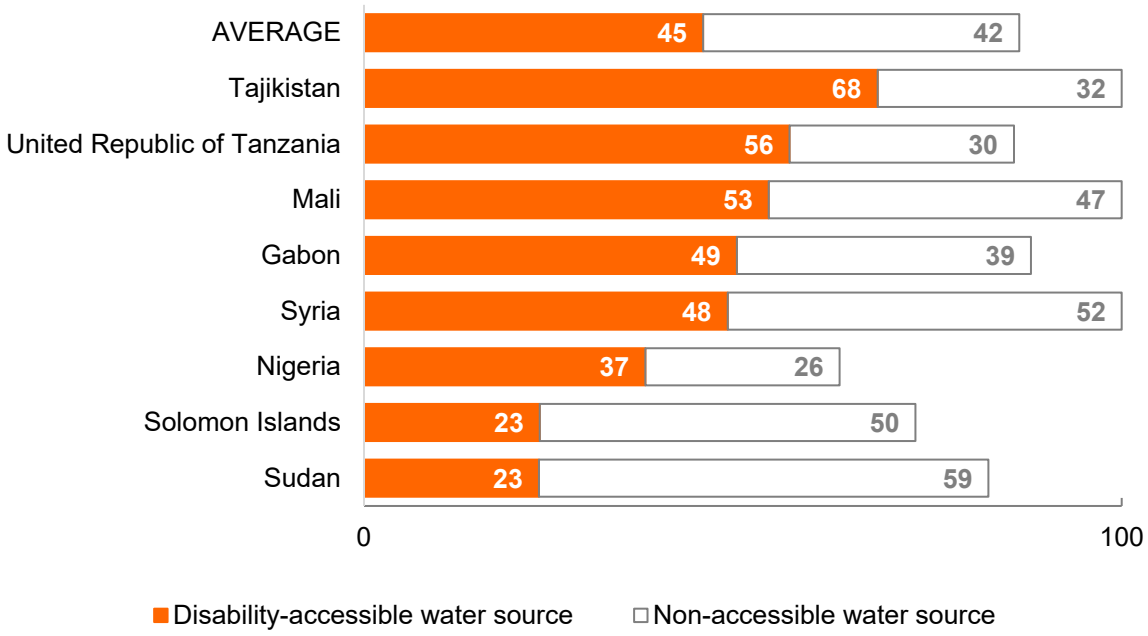
Disability-inclusive water, sanitation and hygiene services in schools are widely recognized as a critical component of a safe and inclusive learning environment for all. Children with disabilities will face additional barriers to education if water, sanitation and hygiene facilities in schools are not accessible.

Figure 102. Percentage of women and girls aged 15 to 49 who did not participate in school, work or social activities during their last menstrual period, by disability status, in 30 countries or areas, in 2020 or latest year available.



Source: UNICEF (on the basis of data from MICS[6]).

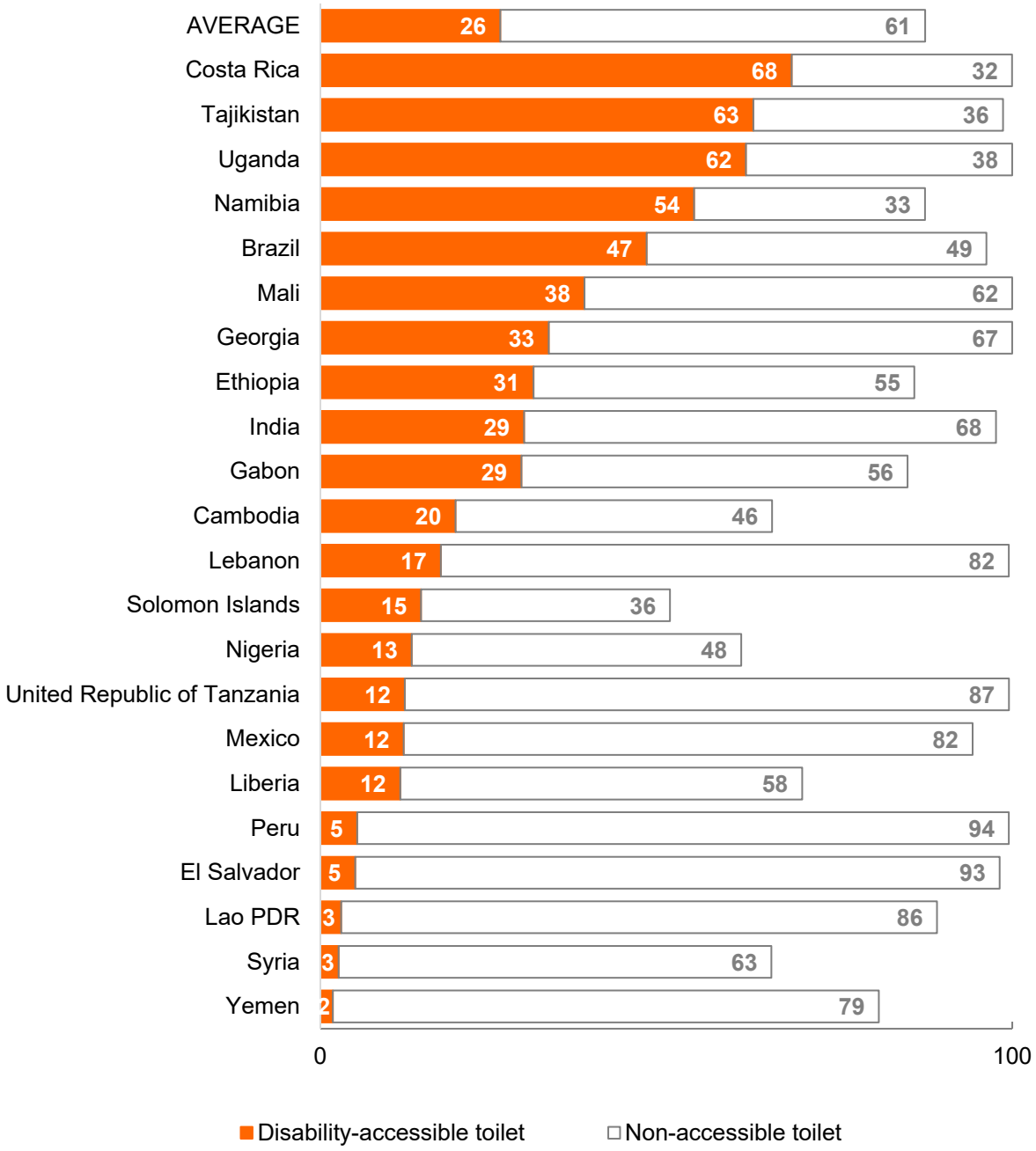
Figure 103. Percentage of schools with accessible and non-accessible drinking water sources, in 8 countries, in 2021 or latest year available.



Note: National definitions of "disability-accessible" vary among countries. Some countries consider accessibility to all students, others accessibility to those with limited mobility or vision, others use specific accessibility criteria like presence of railings, and others focus on whether students are able to use the facilities without assistance.
Source: JMP Report (2022).[309]

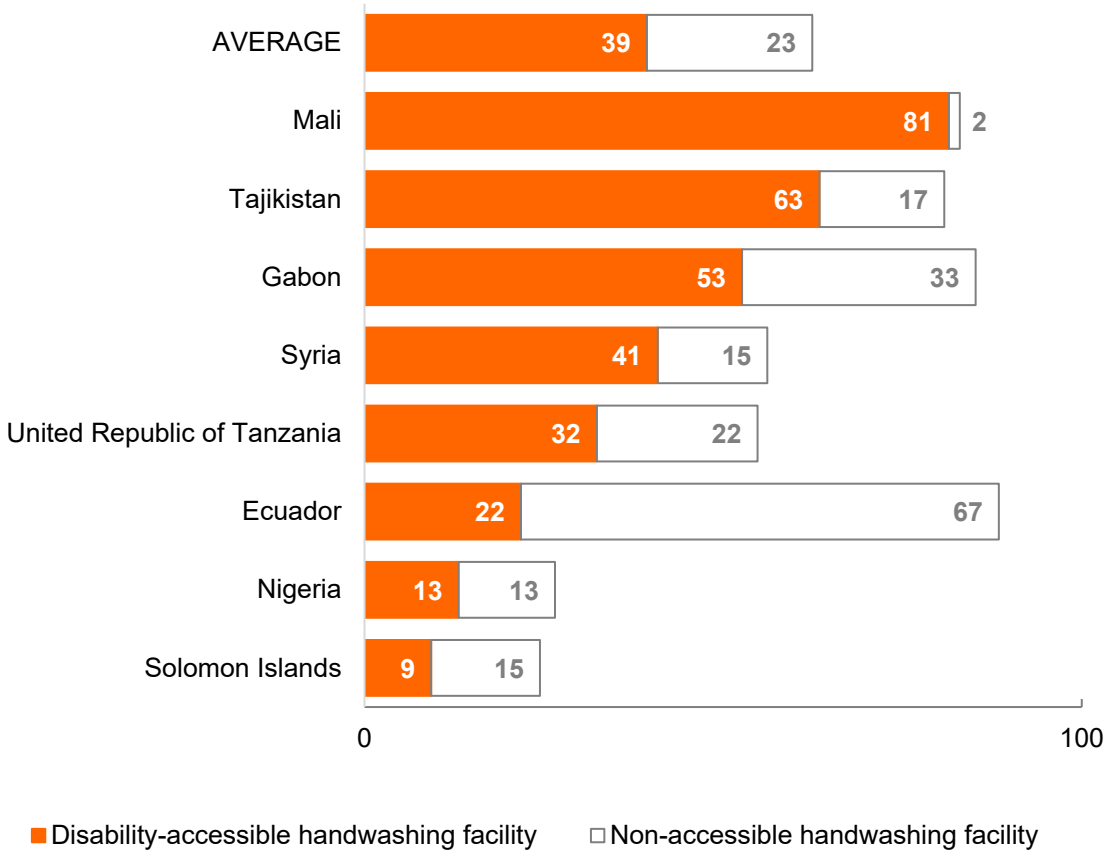
In many countries, most schools have some kind of water, sanitation and hygiene facility, but in far fewer schools this facility is disability-accessible (Figure 103). In Syria and Mali, all schools have some kind of water source but only about half have disability-accessible water sources. In Sudan, more than 80 per cent of schools have a water source, but only 23 per cent have disability-accessible sources. Regarding sanitation, in over half the countries, the percentage of schools with non-accessible toilets exceeds 50 per cent (Figure 104). In Yemen, about 80 per cent of schools have toilets, but only 2 per cent of schools have disability-accessible toilets. Schools in Costa Rica and Peru universally (>99 per cent) have some kind of sanitation facility, but while 68 per cent of schools in Costa Rica have disability-accessible toilets, only 5 per cent of schools in Peru have disability-accessible toilets. The accessibility gap for hygiene services is smaller but still significant (Figure 105). In five out of eight countries or areas, less than 50 per cent of schools have handwashing facilities which are accessible. Mali reports the smallest gap: 81 per cent of schools have a disability-accessible handwashing facility and only 2 per cent have non-accessible handwashing facilities.

Figure 104. Percentage of schools with accessible and non-accessible sanitation, in 22 countries or areas, in 2021 or latest year available.



Note: National definitions of "disability-accessible" vary among countries. Some countries consider accessibility to all students, others accessibility to those with limited mobility or vision, others use specific accessibility criteria like presence of railings, and others focus on whether students are able to use the facilities without assistance.
Source: JMP Report (2022).[309]

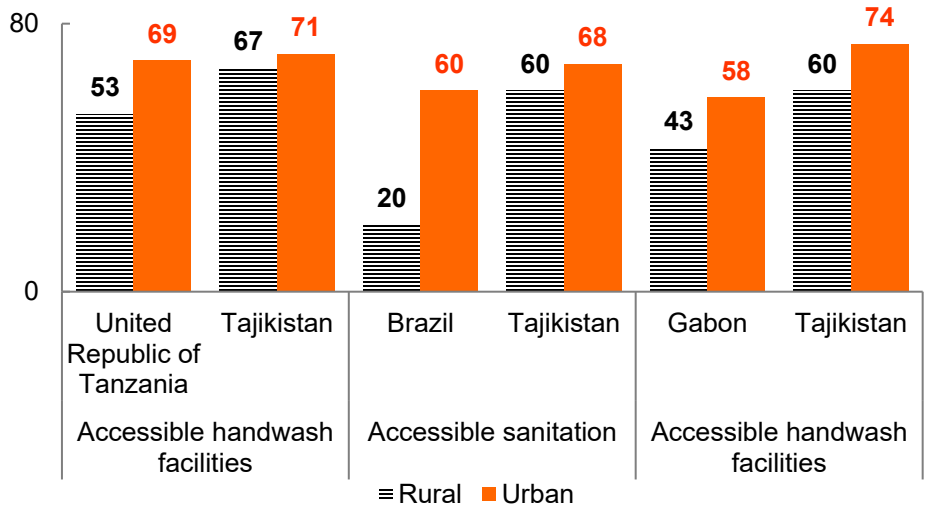
Figure 105. Percentage of schools with accessible and non-accessible handwashing facilities, in 8 countries or areas, in 2021 or latest year available.



Note: National definitions of "disability-accessible" vary among countries. Some countries consider accessibility to all students, others accessibility to those with limited mobility or vision, others use specific accessibility criteria like presence of railings, and others focus on whether students are able to use the facilities without assistance.
Source: JMP Report (2022).[309]

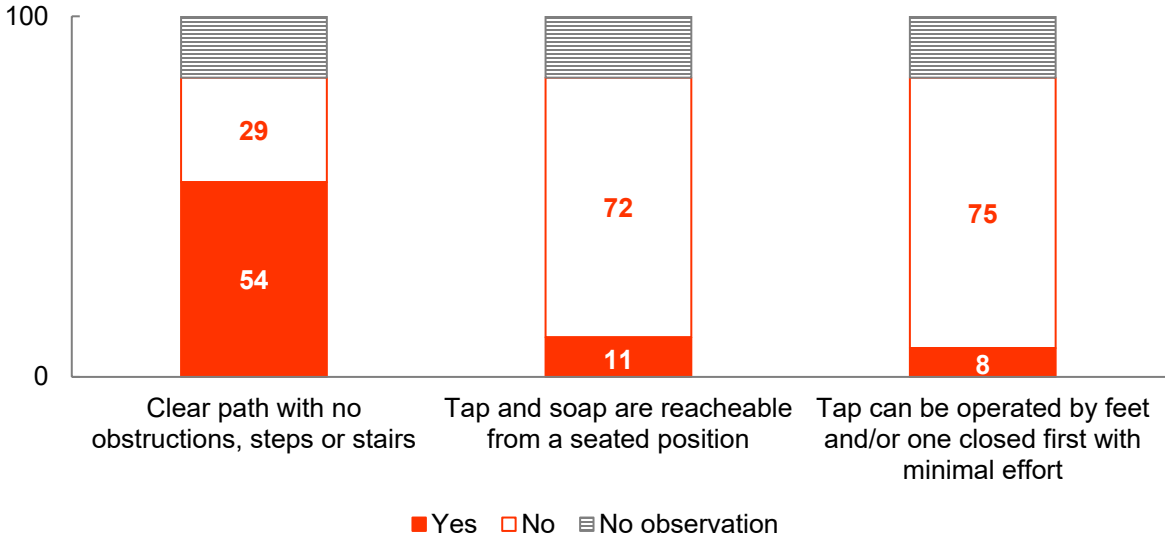
Accessible water, sanitation and hygiene tends to be less common in schools in rural areas than in schools in urban areas (Figure 106). Some accessible features tend to be lacking in handwashing facilities in schools in rural areas. For example, in Tajikistan, 54 per cent of schools in rural areas have a clear path with no obstructions, steps or stairs to the handwashing facilities, but persons with disabilities can reach the tap and soap from a seated position in only 11 per cent of the schools and persons with disabilities can operate the tap by foot or by a closed fist in only 8 per cent of the schools. (Figure 107).

Figure 106. Percentage of schools with accessible water, sanitation and hygiene, in urban and rural areas, in 4 countries, in 2020-2021.



Source: JMP Report (2022).[309]

Figure 107. Percentage of handwashing facilities in schools with accessibility features, by type of feature, in rural areas, in Tajikistan in 2020.

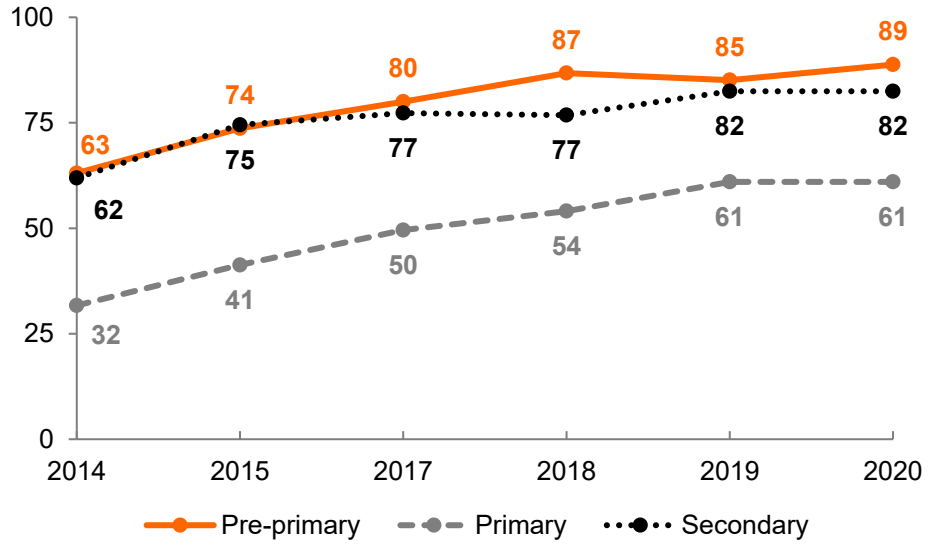


Source: JMP Report (2022).[309]

Legal provisions can trigger positive action in making water, sanitation and hygiene facilities in schools accessible to all. For example, in Costa Rica, Act 7600 on Equal Opportunities for Persons with Disabilities was amended in 2014 to bring the definition of persons with disabilities and of accessibility in

line with the CRPD. The Law stresses the need to 'incorporate an inclusive approach and take into account the special needs of different types of people so that they are not excluded due to their disability. Since the 2014 amendment of this Act, there has been a steady increase in the number of pre-primary, primary and secondary schools with toilets that are accessible for persons with disabilities (Figure 108). By 2020, coverage was higher in pre-primary schools and secondary schools than in primary schools, but since 2014 primary school coverage has nearly doubled from 32 per cent to 61 per cent.

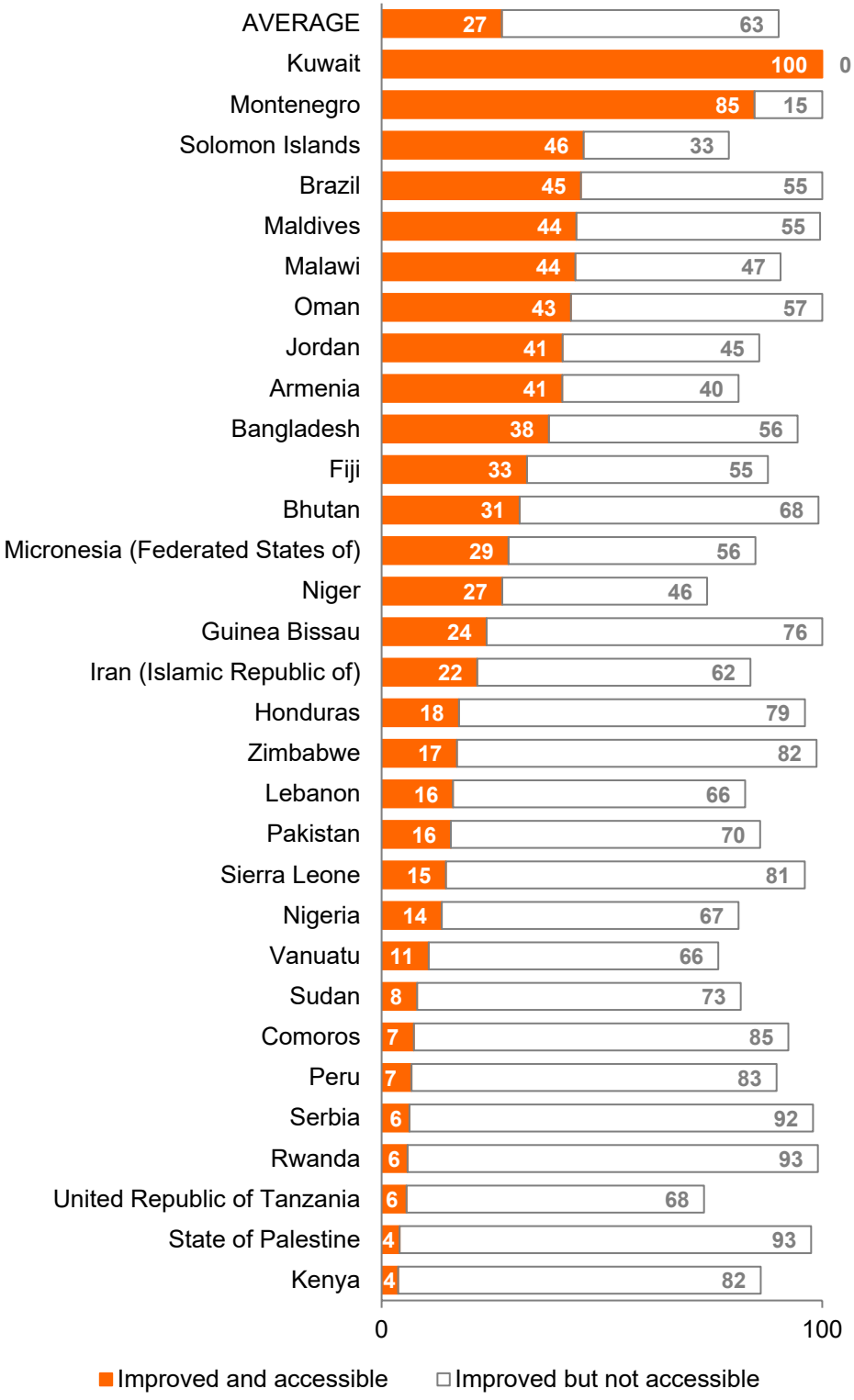
Figure 108. Percentage of pre-primary, primary and secondary schools with at least one accessible toilet, in Costa Rica, from 2014 to 2020.



Source: Ministry of Public Education and Infrastructure of Costa Rica.

In health facilities, toilets are also not always accessible for persons with disabilities. Persons with disabilities will face additional barriers to healthcare if water, sanitation and hygiene facilities in hospitals and clinics are not accessible. Among 31 countries or areas, on average, only 27 per cent of healthcare facilities have improved sanitation facilities accessible to persons with limited mobility (Figure 109). Furthermore, in almost all of these countries, healthcare facilities are much more likely to have a non-accessible improved sanitation facility than to have an improved sanitation facility accessible to those with limited mobility. In Brazil, Guinea Bissau, Maldives and Oman, all healthcare facilities have improved sanitation but fewer than half meet the criterion for accessibility. In Rwanda and the State of Palestine, the gap between healthcare facilities with non-accessible and accessible toilets is more than 85 percentage points. Kuwait is the only country where all healthcare facilities have sanitation facilities that are both improved and accessible to persons with limited mobility.

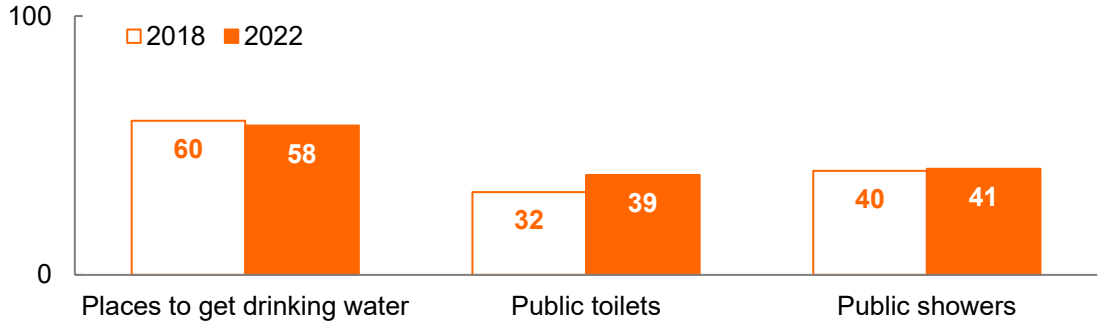
Figure 109. Percentage of healthcare facilities with accessible and non-accessible improved sanitation for those with limited mobility, in 31 countries or areas, in 2021.



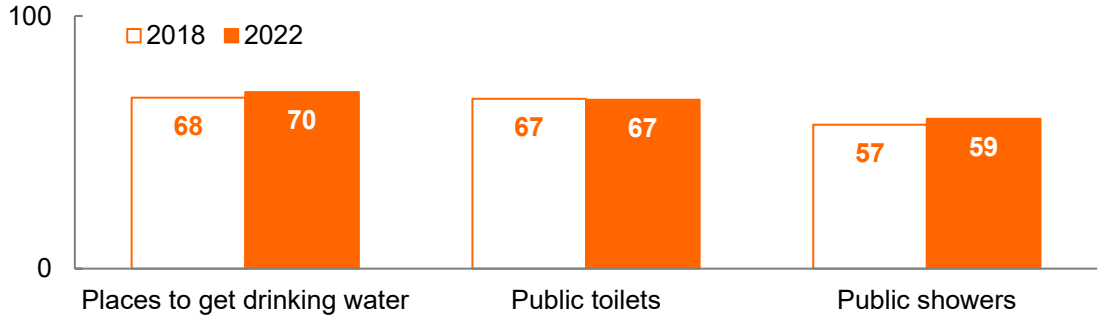
Source: JMP Report (2022).[309]

Figure 110. Percentage of places to get drinking water, and that have public toilets and public showers that are accessible for wheelchair users, in developing and developed countries, in 2018 and 2022.

(a) Developing countries



(b) Developed countries



Source: UNDESA (on the basis of data from Sozialhelden[10]).

Accessible public water, sanitation and hygiene in outdoor settings is key for persons with disabilities to participate in society. Moreover, in settings in which safe drinking water and showers are not available in their homes, accessible places to get drinking water, accessible toilets and accessible public showers are essential for ensuring the independent living of persons with disabilities. However, many of these premises remain non-accessible for persons with disabilities. Crowdsourced data in developing countries in 2022 found that only 58 per cent of places to get drinking water, 39 per cent of public toilets and 41 per cent of public showers were accessible for wheelchair users (Figure 110). These premises were more accessible in developed countries, with 70 per cent of places to get drinking water, 67 per cent of public toilets and 59 per cent of public showers accessible for wheelchair users in 2022. Apart from public toilets in developing countries, which saw an increase in accessibility for wheelchair users from 32 per cent to 39 per cent from 2018 to 2022, the progress for other premises in developing countries and for all these premises in developed countries has been minimal or lacking since 2018.

Disaggregating water, sanitation and hygiene data by disability and collecting information on the specific

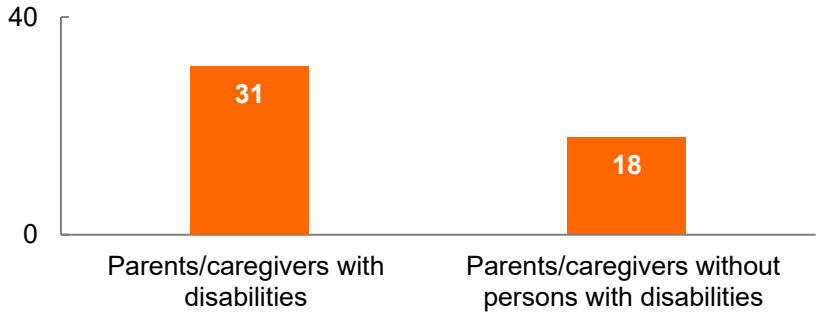
issues faced by persons with disabilities is important in order to design water, sanitation and hygiene programmes that effectively meet the needs of persons with disabilities and overcome barriers to access. However, data over time are still largely missing and prevent the assessment of progress towards SDG 6 for persons with disabilities. Moreover, in both household and institutional settings, the emphasis on data collection remains focused on a list of water, sanitation and hygiene accessibility features and is rarely complemented with data collection on the experience of users with disabilities and the barriers they encounter in using these facilities independently.

Impact of the COVID-19 pandemic

The COVID-19 pandemic brought challenges to affording basic services, such as water and hygiene products. Moreover, with social restrictions, it affected delivery and the support that many persons with disabilities needed to acquire water and hygiene products. Although data on access to water, sanitation and hygiene during the pandemic is limited, the available data suggest that persons with disabilities faced more barriers to access water, sanitation and hygiene than persons without disabilities during the COVID-19 pandemic.

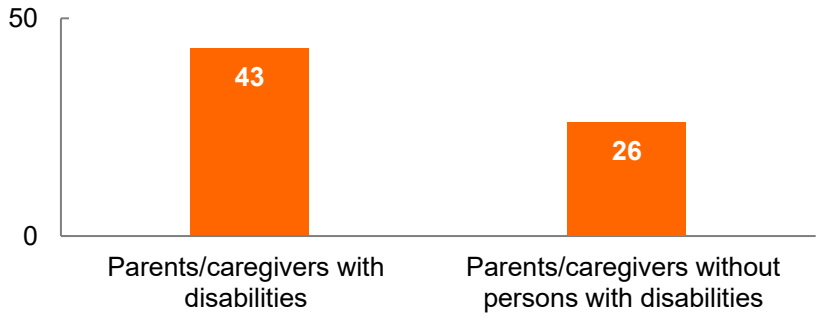
In 2020, a higher proportion of parents and caregivers with disabilities (31 per cent), compared to parents and caregivers without disabilities (18 per cent), reported needing and not having access to water delivery (Figure 111). Similarly, a higher proportion of parents and caregivers with disabilities (43 per cent), compared to parents and caregivers without disabilities (26 per cent), needed but did not have access to sanitary products (Figure 112). A higher proportion of households with persons with disabilities, compared to those without, reported difficulties paying for utility bills (31 per cent versus 24 per cent) – see Figure 122 of the chapter on Goal 7.

Figure 111. Percentage of parents/caregivers who needed but did not have access to water delivery during the COVID-19 pandemic, by disability status, in 2020.



Source: Save the Children (2020).[16]

Figure 112. Percentage of parents/caregivers who needed but did not have access to sanitary products during the COVID-19 pandemic, by disability status, in 2020.



Source: Save the Children (2020).[16]

Summary of findings and the way forward

Persons with disabilities have the same rights as others to safe drinking water and sanitation but have often been overlooked in water, sanitation and hygiene sector policies and programmes. In many countries, persons with disabilities are less likely than persons without disabilities to live in a dwelling with a safe drinking water source, improved sanitation and a bath or shower on the premises. Moreover, even when these services are available, they are often not accessible for persons with disabilities, thus compromising independent use with privacy, dignity and safety. A third of persons with disabilities in developing countries indicate that the toilets at their home are not accessible for them.

In many countries, a third or more of water, sanitation and hygiene services in institutional settings, like schools and healthcare facilities, and in public settings are not accessible for persons with disabilities. Lack of accessible water, sanitation and hygiene services impact particularly women and girls with disabilities, who are more likely than women and girls without disabilities to miss school, work or social activities during their menstrual periods.

Available data suggest increased barriers to water, sanitation and hygiene for persons with disabilities than for persons without disabilities during the COVID-19 pandemic, with higher percentages of persons with disabilities not having access to water delivery, sanitary products and not being able to pay water bills.

The availability of data has increased since the *Disability and Development Report 2018*, with a larger number of countries with recent data disaggregated by disability on the availability of water, sanitation and hygiene facilities at home and with data on the accessibility of water, sanitation and hygiene services at home, in schools and in healthcare facilities. However, the available data remains insufficient to draw a global picture of the current situation, to assess progress since 2015, and to understand the experiences

of users with disabilities and the barriers they encounter in using water, sanitation and hygiene facilities independently.

The limited data available over time indicate that progress has been insufficient, and that increased and accelerated efforts are needed to achieve targets 6.1 and 6.2 for persons with disabilities. To achieve universal accessible water, sanitation and hygiene facilities in public settings, in developing countries, public toilets need to be made accessible for persons with disabilities three times faster than the progress rates observed so far and public showers 25 times faster; the percentage of public places to get drinking water that are accessible has been decreasing and this trend needs to be inverted – about 40 per cent of these water sources remain not accessible. In developed countries, public places to get drinking water need to be made accessible for persons with disabilities at a rate five times faster than the progress rates observed so far and public showers six times faster; the percentage of public toilets that are accessible has stagnated – about 30 per cent remain not accessible for persons with disabilities. In European countries, consistent progress has been made since 2015 on the availability of toilets and baths or showers in the dwellings of persons with disabilities. At current rates of progress, the availability of a toilet in the dwelling of all persons with disabilities is expected to be achieved in 31 out of 33 countries in this region by 2030; and the availability of a bath or shower in the dwelling of all persons with disabilities is expected to be achieved in about two thirds of these countries by 2030. In the countries that have lagged behind since 2015, the rates of progress need to increase about 1.2 times faster than current rates and in some countries the trend needs to be inverted as the lack of toilets and baths or showers on premises is increasing.

To achieve targets 6.1 and 6.2 by, for and with persons with disabilities, accelerated efforts from all relevant stakeholders will be needed, focusing on the following actions:

1. Mainstream disability in water, sanitation and hygiene policies and programmes. Ensure that all water, sanitation and hygiene policies and programmes are designed and implemented to be disability inclusive, meeting the rights and needs of persons with disabilities and overcoming barriers to access. Build the capacity of government and non-government stakeholders involved in water, sanitation and hygiene service provision to identify and respond to the needs of persons with disabilities. Document and disseminate good practices and lessons learned in the inclusion of persons with disabilities in the design, implementation and monitoring of water, sanitation and hygiene services. Promote innovative approaches and technologies to support the development of such services that address the needs and priorities of persons with disabilities.

2. Include persons with disabilities in all stages of water, sanitation and hygiene policy and programme implementation. Strengthen partnerships between organizations working on water, sanitation and hygiene and representative organizations of persons with disabilities and promote collaboration across sectors and stakeholders involved in the delivery of such services.

3. Allocate financial resources and budgets to promote and support access to disability-inclusive water, sanitation and hygiene services in households and in institutional settings, including schools and healthcare facilities. This allocation should be informed by gaps identified though the monitoring of access to water, sanitation and hygiene for persons with disabilities in households, institutional settings like schools and healthcare facilities, and in public places. Financial support to families can also help with the additional costs related to accessible water, sanitation and hygiene facilities.

4. Improve the monitoring, including the availability of high-quality data, on water, sanitation and hygiene access for persons with disabilities. Define targets, indicators and sources of data for monitoring progress towards disability-inclusive water, sanitation and hygiene in households, schools and healthcare facilities. Support the routine collection and reporting of disaggregated data on persons with disabilities to inform policy and programmes and to strengthen accountability for progress towards disability-inclusive water, sanitation and hygiene services. Further work is also required to develop international standards for measuring the accessibility and use of water, sanitation and hygiene facilities by children with disabilities; and to harmonize definitions and indicators for the data on disability-inclusive services in schools. While a growing number of countries monitors these services, national definitions and indicators vary widely, which makes cross-country comparison difficult.