The Water, Women and Disability study* found that in Vanuatu’s SANMA and TORBA Provinces access to reliable and safe water remains a challenge. People with disabilities, those that experience incontinence and menstruating women are particularly vulnerable to supply and access limitations which can contribute to adequate hygiene standards not being maintained and feelings of isolation and shame. As the COVID-19 pandemic has demonstrated access to water is essential for good health and being able to practice simple hygiene behaviours like handwashing with soap.

**SUMMARY**

The Water, Women and Disability study* found that in Vanuatu’s SANMA and TORBA Provinces access to reliable and safe water remains a challenge. People with disabilities, those that experience incontinence and menstruating women are particularly vulnerable to supply and access limitations which can contribute to adequate hygiene standards not being maintained and feelings of isolation and shame. As the COVID-19 pandemic has demonstrated access to water is essential for good health and being able to practice simple hygiene behaviours like handwashing with soap.

**KEY FINDINGS**

91% of all households surveyed had access to an improved water supply.

However, 57% of households reported insufficiency of the water supply in the last month, with no difference between rural and urban locations.

86% of households surveyed did not have a water source at their house. But did have access to water that took 30mins (round trip) to collect.

61% OF HOUSEHOLDS SURVEYED IN RURAL SETTINGS DID NOT DO ANYTHING TO MAKE WATER SAFE TO DRINK.

The study found that people with disabilities were less likely to collect water themselves compared to persons without disabilities (66% versus 93%). This was true across age groups, by sex and by rural and urban location.

Amongst those who did collect water, persons with disabilities were less likely to feel safe due to fears of abuse from others and inaccessibility of the terrain.
The Water, Women and Disability study findings on disability prevalence are based on data collected from 56,402 individuals across SANMA and TORBA provinces in Vanuatu, from 11,446 households. In addition, a case-control study of 1516 participants was also carried out. This means a sub-sample of survey participants identified as having a disability age 5+ and an equal number of people without disabilities were examined more closely to assess differences in WASH access and experiences about a range of topics such as education, menstrual hygiene and incontinence explored by the study.

19% of people with disabilities use a different bathing source to other household members.

ONE IN TEN PEOPLE WITH DISABILITIES REPORTED LIMITED ACCESS TO WATER, AND ONE IN THREE REPORTED DIFFICULTY USING HOUSEHOLD FACILITIES WITHOUT COMING INTO CONTACT WITH URINE OR EXCRETA.

Both of these situations increasing the risk for people with disabilities of various chronic diseases related to dehydration and faecal contamination, and increasing their risk of hygiene-related stigma.

Study participants, both those with and without disabilities, reflected on how an inability to maintain their personal hygiene led to feelings of shame and indignity, and in some cases led to self-exclusion.

* The Water, Women and Disability study findings on disability prevalence are based on data collected from 56,402 individuals across SANMA and TORBA provinces in Vanuatu, from 11,446 households. In addition, a case-control study of 1516 participants was also carried out. This means a sub-sample of survey participants identified as having a disability age 5+ and an equal number of people without disabilities were examined more closely to assess differences in WASH access and experiences about a range of topics such as education, menstrual hygiene and incontinence explored by the study.