

**Working Paper
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Accessible Sanitation in the Workplace – Important Considerations for Disability-Inclusive Employment in Nigeria and Bangladesh

**Stephen Thompson, Rasak Adekoya, Utpal Mallick,
Omojo Adaji, Abdur Rakib and Mark Carew**

January 2022

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Summary

Overview

- This paper focuses on the need for toilets at work that are easy for people with disabilities to use in poor countries. These are sometimes called accessible toilets. It looks at what is already written on this topic, as well as findings from a study based on experiences from Nigeria and Bangladesh.
- Accessible sanitation is not regarded as a challenge that must be addressed by people with disabilities themselves, but as a challenge that must be addressed by many people working together – including governments, employers, and the community.

What do we know already?

- Many places of work do not have accessible toilets. This makes it harder for some people with disabilities to work. Where accessible toilets are provided that everyone can use, this can be beneficial in aiding people to work.
- Using the toilet can be very personal, so people may not want to talk about it with others. This means that the problem does not get talked about enough.
- Everyone needs to use the toilet whether they live and work in the town or country, or whether they work for themselves or work for someone else.
- There are both national and international laws to make sure that people with disabilities are not treated differently to people without disabilities at work. There are also laws to make sure that people with disabilities have access to toilets. Often these laws are not being used well.

What did our study tell us?

- Most employers do not provide accessible toilets. If they did provide accessible toilets, workers would feel better, and more work would be done.
- Many people with disabilities have trouble working as they cannot access the toilets. Some people with disabilities do not even try to get a job as they are worried about not being able to access the toilets.
- Many people with disabilities were unaware of their rights. Organisations of people with disabilities (OPDs) can help them with this.

Keywords

Nigeria; Bangladesh; disability-inclusive employment; disability rights; accessible sanitation; accessibility; leave no one behind.

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Executive Summary

This paper explores the relationship between accessible sanitation and disability-inclusive employment in Bangladesh and Nigeria. Both countries have sanitation and hygiene challenges as well as disability-inclusive employment challenges. The existing evidence on the intersection of these issues that is focused on Nigeria and Bangladesh is extremely limited. Building on the literature where this complex issue is addressed, this paper presents the findings of a qualitative pilot study undertaken in Nigeria and Bangladesh.

Case studies were identified from the literature which illustrated that many workplaces are yet to have accessible toilets and that inaccessible sanitation continues to be a barrier preventing people with disabilities from working. The hygiene needs of people with disabilities were found to vary depending on several factors including impairment (type and severity) and context. Therefore, this issue was not found to impact on all people with disabilities in the same way. Sanitation needs were often regarded as individual and personal rather than societal or public, making it harder to encourage support from governments, individuals, and communities to improve the situation. Even for progressive organisations who had accessible entrances to their premises, many had not considered accessible restrooms. Consultation processes for constructing facilities did not always include people with disabilities.

Within the literature, examples were found where accessible sanitation facilities were provided in the workplace, enabling people with disabilities to work. The positive examples included the provision of accessible sanitation in rural areas and for self-employed workers, highlighting the importance of improving access to facilities for all people with disabilities, not just those in urban areas with formal employment.

With regards to the policy landscape, various international instruments have affirmed the right to sanitation, the right to decent employment, and the right not to be discriminated against on the grounds of disability. These include the United Nations (UN) Declaration of Human Rights and the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Both Nigeria and Bangladesh have national laws against discrimination based on disability, although the implementation of these laws was found to be limited.

To develop knowledge about accessible sanitation in workplaces in Bangladeshi and Nigerian contexts specifically, a roundtable meeting was held virtually with 38 participants from non-governmental organisations (NGOs) who were involved in disability-inclusive programming, organisations of people with disabilities (OPDs) representatives, jobseekers with disabilities, and members of staff from

employers who were engaged with making their workplaces more disability inclusive. Two-thirds of the participants had disabilities and a gender balance was achieved. A virtual notebook provided participants with the opportunity to contribute their thoughts anonymously in advance of, during, and after the meeting.

The findings from the roundtable reaffirmed that inaccessible sanitation continues to be a barrier to disability-inclusive employment. Inaccessible sanitation can put off people with disabilities applying for jobs but also prevents them from working productively once employed, causing stress, embarrassment, and discomfort. The existing anti-discrimination legislation in both Nigeria and Bangladesh was not being enforced effectively. Despite the clear benefits of providing accessible facilities – including a positive impact on productivity as well as employer/employee relations – discrimination against job applicants with disabilities continues, with the majority of employers yet to provide accessible sanitation facilities. Some employers were unsure of the laws and others chose to ignore them. The participants of the roundtable felt that many jobseekers with disabilities did not know their rights or assumed that they could not apply for certain jobs due to a lack of accessible restrooms.

NGOs and OPDs play an important role in advocating for accessible hygiene facilities and supporting people with disabilities to realise their rights and their employment potential. However, these organisations need to have their capacity developed. To achieve maximum success, OPDs could work with NGOs specialising in water, sanitation and hygiene (WASH), in order to improve disability-inclusive sanitation programming.

The paper concludes with several recommendations for both those involved in policy and practice to work towards overcoming the barriers associated with inaccessible workplace sanitation and improving disability-inclusive employment for people with disabilities.

Contents

Acknowledgements	11
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Acronyms	11
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1. Background	12
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2. Introduction	14
2.1 The lack of sanitation as a barrier to work	14
2.2 Accessible sanitation in the workplace	15
2.3 Designing accessible WASH programmes for the workplace	17
2.4 Gender-related challenges	18
2.5 International policy and legislation	18

3. Country contexts and national policy environments	20
3.1 Nigeria	20
3.2 Bangladesh	21

4. Methodology	23
4.1 Participants	24
4.2 Ethics	24
4.3 Virtual notebook	25

5. Findings and discussion	26
5.1 Legislative and policy frameworks to ensure employers provide accessible sanitation for employees with disabilities	26

5.2	Accessible sanitation from the perspective of jobseekers with disabilities	27
5.3	Accessible sanitation from an employer perspective	30
5.4	OPDs and accessible sanitation in the workplace	34
6.	Conclusion	35
6.1	Recommendations	35
6.2	Limitations	37
	References	39

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Acronyms

NGO	non-governmental organisation
OPDs	organisations of people with disabilities
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WASH	water, sanitation and hygiene

1. Background

Evidence suggests that people with disabilities are disproportionately excluded from work (Wickenden *et al.* 2020). Evidence also suggests that people with disabilities are often excluded from sanitation and hygiene interventions (Jones 2020). However, very little research has been undertaken to consider the intersection of the two areas – accessible sanitation in the context of disability-inclusive employment.

This paper aims to address this evidence gap by exploring the experiences of people with disabilities with regards to access to sanitation facilities in work, documenting challenges to achieving disability-inclusive sanitation for workers, and suggesting potential solutions to overcome these challenges. It aimed to achieve this by undertaking qualitative research to allow people with disabilities, representatives from non-governmental organisations (NGOs) and organisations of people with disabilities (OPDs), employers, and other interested parties to share their thoughts and experiences.

Bangladesh and Nigeria were selected as countries of focus as evidence suggests that accessible sanitation is a concern in both countries (FMWR, NBS and UNICEF 2020; WaterAid 2021a), as is disability-inclusive employment (Eleweke and Ebenso 2016; Leonard Cheshire 2018; Thompson 2020a, 2020b; Wickenden *et al.* 2020). The evidence specifically focused on accessible sanitation in the workplace in Nigeria and Bangladesh is known to be extremely limited. The authors are involved at various levels with two different disability-inclusive employment development programmes and recognised that neither programme focuses explicitly on accessible sanitation in the workplace. However, these programmes provided a link to individuals and networks who were interested in discussing this topic further.

In framing this paper, it is important to consider different models of disability – the social model and the human rights model of disability are the most commonly accepted. The social model of disability regards disability as a socially created problem.¹ As such, disability is not an attribute of a person, but a mixture of conditions, many of which are created by the society in which the individual resides. Following this model, society must be responsible for making the necessary accommodations in order to facilitate the full and meaningful participation of people with disabilities. The human rights model of disability focuses on issues of social justice and discrimination. As Fisher (2005: 2) states, ‘Most problems for disabled people in accessing water and sanitation facilities are not caused by their impairment, but by external factors’. This approach shifts

¹ See here for further explanation of the **social model of disability and other models**.

the focus from disability being seen as an individual medical problem to it being about community membership and fair access to society and social activities including employment. This paper approaches accessible sanitation in the workplace as a societal challenge that must be addressed by a raft of actors including governments, both the private and public sector, as well as the community at large, rather than a series of individual challenges that must be addressed by people with disabilities themselves.

2. Introduction

Extremely limited research that focuses explicitly on accessible sanitation and disability-inclusive employment was found to exist. The societal economic benefits of providing good sanitation are well established (Hutton and Bartram 2008; Hutton *et al.* 2007; Rogers *et al.* 2002; Rogers *et al.* 1998). For example, one global estimate suggests that ‘for every dollar invested in sanitation, there is about a nine-dollar long-term benefit in costs averted and productivity gained’ (UN 2010: 1). However, seeking for a more granular level of analysis, this review is less focused on the broader macroeconomic benefits and more focused on the benefits to individuals with disabilities, and in understanding and addressing the challenges they face in accessing disability-inclusive sanitation in the workplace in low-income contexts. The majority of existing literature that was identified was primarily focused on water, sanitation and hygiene (WASH), with a sub-focus on disability-inclusive employment.

2.1 The lack of sanitation as a barrier to work

The lack of sanitation can be a barrier to work for people with disabilities. Noga and Wolbring (2012) found that the inaccessibility of sanitation facilities has a negative impact on the ability of people with disabilities to work due to the impact on health, wellbeing, and productivity among other factors. Fisher (2005) argues that the lack of sanitation restricts people with disabilities from improving their livelihoods. Some people manage with inaccessible facilities, but others do not. The situation is highly dependent on individual circumstance and may vary depending on several factors such as severity and type of impairment, availability of assistive technology, as well as individual characteristics such as gender and age. As sanitation is regarded in most societies as a personal issue, needs and requirements are not openly discussed or shared with others. Sanitation problems are often regarded as individual rather than societal. This makes it difficult to encourage widespread public support and advocacy for positive change. This results in people with disabilities being marginalised and not getting access to the facilities they need.

In Nigeria, a survey of 56 employees with physical impairments indicated that not a single one of their employers (including private companies and government departments, as well as universities) provided accessible sanitation facilities. The absence of these facilities was described as a significant barrier to people with physical impairments in the workplace (Ihedioha 2015).

Maina (2016) explains that the lack of adjustments, including with regards to toilets, is one of the barriers to employment for people with disabilities in Kenya. Some buildings have accessible entrances but no accessible bathrooms, which

prevents people with disabilities maintaining a job there. One participant with disabilities in that study explained:

The entrance into the building might be open, yet once you get in there the bathrooms may not be available, or the lounge, or wherever... it makes me distraught, when I realize that somebody could work exceptionally well in this building and on the grounds that it's not [accessible], they can't.

(Maina 2016: 88)

In Uganda, a mapping of employment of persons with disabilities in the formal labour market reported that some employers had made their buildings (including toilets) accessible for customers, but not for staff. Some buildings claimed to be accessible but on inspection it was found that the toilets were not actually accessible, so barriers remained (DPOD-NUDIPU 2016).

Salano (2012) describes a consultation process to establish sanitation facilities in a poor urban community in Kenya. A public sanitation block was designed and installed, but only a low number of people with disabilities were found to use it. Usage was found to be low as the facility was too far from the business areas where the people with disabilities had work, making it difficult for them to use the facility during working hours (Jones 2020). Public facilities must be close to places of work if they are to overcome the barrier of accessible sanitation for workers.

Reflecting on the accessibility of toilets in work and other places for people with disabilities, Baetings (2016) summarises the situation by asking: 'Where can they go if they need to poo or pee when at work, at school, visiting a government office or a friend? In most of these places nowhere!' Most sanitation facilities have been designed and constructed without thinking about the needs of people with disabilities.

2.2 Accessible sanitation in the workplace

The literature did contain some positive examples of accessible sanitation in the workplace. In Uganda, some companies are shown to have a strong focus on disability inclusion and were improving accessibility on their premises, including an accessible toilet. One multinational company had an international executive manager with disabilities who visited the Uganda office on a regular basis. This was believed to be a catalyst for improving accessibility locally (DPOD-NUDIPU 2016).

Ahmed (2012) details how in Bangladesh the international NGO WaterAid worked with the tea plantation authorities, a local NGO, and a disability-focused NGO to improve WASH facilities for the workers. The intervention included constructing accessible latrines and improving access to water. Local materials

were used to minimise the construction costs and increase likelihood of the community replicating the design elsewhere (Ahmed 2012). To succeed, attitudinal and institutional barriers had to be overcome (Jones 2020). Institutional barriers included the fact that the tea gardens were private, and owners put pressure on the government to allow them to operate without any intervention. As a result, the workers are often unrepresented and their rights unrecognised. Other institutional barriers included the workers being extremely poor and having neither the time nor money to engage with the programme to develop effective ownership. Attitudinal barriers include the owners thinking that engaging with NGOs on any rights-based issue will agitate the workers to demand better conditions, which would hamper production. In addition, the building of infrastructure was accompanied by a community engagement programme to highlight WASH issues to the workers and their families (Ahmed 2012). This case study illustrates that accessible sanitation should not be thought of as only a challenge for disability-inclusive employment in urban areas – it is also important in rural areas.

Jones (2020) provides an individual case study from India where a farmer with a physical disability used to have to walk very far for open defecation and required assistance from his family, especially during the monsoon. Water-borne illnesses and insect infestations were common due to poor sanitation. After having a toilet installed, not only was there a decrease in the frequency of illnesses, but productivity also increased as the family had more time to get more work done. A similar case study from India describes how a family with two people with disabilities had to spend hours each day assisting them to go for open defecation far from the house. The main source of livelihood for the family was farming, and these toilet practices resulted in sacrificing precious working time. Installing a toilet reduced instances of water-borne illness but also reduced the time spent on defecation from two to three hours to 15 minutes, allowing the family to accomplish more farming (Jones 2020). These two case studies exemplify the importance of accessible sanitation for self-employed or informally employed workers with disabilities.

In 2016, a group of stakeholders from the public and private sectors joined together to launch the WASH4Work initiative to mobilise business to improve access to WASH in the workplace, in communities, and across supply chains. Through this initiative, the company Nestlé has worked to improve WASH throughout their value chains. As a result of the initiative, a factory in Cameroon was inspected and found to not have accessible toilets. To address this, a new locker room with a toilet for people with disabilities was built. Over time, as the number of employees increased, the locker room was increased in size. Feedback from this experience is going to be used as a guide for interventions at other sites in Cameroon, such as at the distribution centres and head office (WASH4Work 2021).

2.3 Designing accessible WASH programmes for the workplace

When designing a disability-inclusive WASH programme, people with disabilities must be involved to ensure that it meets their needs and preferences (Tsetse and Tucker 2020). The provision of accessible facilities must be written into contracts and Terms of Reference with design and construction partners (*ibid.*). Equality at work can be promoted by using a human rights approach to water and sanitation (Jones 2020). WASH can enable people to unlock access to other human rights, including their right to dignified and productive livelihoods: ‘WASH can be a platform to transform broader unequal power relationships, reduce inequalities and empower people’ (WaterAid 2020: 3).

As part of WASH4Work, the International Labour Organization (ILO) produced a series of modules to develop basic skills to implement the relevant ILO standards and Codes of Practice. The modules cover many topics including the importance of access to water and adequate sanitation and hygiene; configuring workplaces to facilitate adequate and convenient access to WASH provisions; and the supervision of WASH installations and facilities. The ILO recognises that people with disabilities are among the most affected groups and face significant health and safety risks from poor WASH conditions both at work and outside the workplace. The guidance reiterates the importance of designing safe WASH access for people with disabilities at work, and states that the needs of disabled workers should always be considered. It also highlights the intersecting issue of gender, which must be considered when planning interventions (ILO 2016).

With regards to providing toilets at work, the ILO guide states that workers with disabilities may have different needs for accessing toilets, therefore:

Worksite design is a crucial stage to consider adequate and safe toilet access for disabled workers. Sanitary facilities should be designed, built, and located in a way that makes them easily accessible and easy to use by people with disabilities. Barriers that may exist include steps... absence of handrails, lack of adequate light, narrow doors and minimal space to turn wheelchairs or use crutches, and sanitary facilities that are located far away from the workplace.

(ILO 2016: 65)

A number of tools are available to help improve accessible hygiene in the workplace. Under the WASH4Work initiative, guiding principles were developed. A tool was devised to help businesses assess their WASH conditions at both the workplace and along its value chain.² The tool includes assessing the extent to

² [WASH Pledge self-assessment tool for business.](#)

which companies have considered the sanitation needs of people with disabilities (WBCSD 2020).

Another tool has been produced through a collaboration between the Water Resilience Coalition and WaterAid to help companies understand how to invest in WASH in the workplace, and to make progress on WASH resilience in their supply chains and communities.³ It includes ensuring that facilities are accessible to people with disabilities. It builds on existing tools (including the World Business Council for Sustainable Development (WBCSD) self-assessment tool among others) by integrating a Covid-19 response lens (WaterAid 2021b).

Trade unions can play an important role in advocating for the rights of workers, including those with disabilities.⁴ The power of unions varies, but in some low-income contexts, unions mainly represent the interests of white-collar professional workers, and therefore do not represent the interests of the vast majority of workers who are informally- or self-employed. This has been the experience in India, where unions generally represent only formal sector employees who comprise about 8 per cent of the workforce and have remained largely indifferent to the inadequate working conditions endured by informal sector workers (Chaplin 1999). In West Africa, trade unions have shifted their attention from focusing on the relatively privileged minority of formal sector workers to include those in the informal sector. However, in some parts of West Africa (the French speaking areas in particular), labour movements have suffered due to fragmentation and proliferation resulting in weakened bargaining powers (Phelan 2011).

2.4 Gender-related challenges

Case studies highlighting the different challenges of sanitation in the workplace for men and women with disabilities were not identified in the literature. Gender-related challenges of sanitation (including menstrual hygiene) form an important sub-focus within the WASH literature (see Wilbur *et al.* 2021; Wilbur *et al.* 2019). Winkler and Roaf (2014: 1) detail how women have a right to 'have access to private, safe, and hygienic facilities for managing their menstruation at the workplace'. No evidence detailing the challenges faced by female jobseekers or employees with disabilities was identified. More research here is needed.

2.5 International policy and legislation

Various international instruments over time have affirmed the right to sanitation, and the right to decent employment. In the United Nations (UN) Declaration of

³ **WASH risk self-assessment tool.**

⁴ For example, in the United Kingdom, **UNISON** (the largest trade union) works to ensure employers provide suitable and sufficient sanitary conveniences at readily accessible places.

Human Rights, Article 23 details how everyone has the right to work and to just and favourable conditions of work (UN 1948). The human right to sanitation was recognised as a distinct right by the UN General Assembly in 2015. The UN called on states to ensure the progressive realisation of the human rights to sanitation for all in a non-discriminatory manner, by working to eliminate inequalities in access, including for people with disabilities (UN 2021).

With regards to disability inclusion, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) reaffirms the human rights and fundamental freedoms that people with disabilities can expect. It was adopted in 2006 and entered into force in 2008. It currently has 114 signatories including both Nigeria and Bangladesh (UN 2021).

Several sections of the UNCRPD are relevant to accessible sanitation and disability-inclusive employment. Article 3 details the general principles of the Convention, and includes: respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; and accessibility, among others.

Article 27 focuses on work and employment, and details the right of persons with disabilities to work on an equal basis with others. It highlights that the work environment should be open, inclusive, and accessible to persons with disabilities. It calls on governments to take appropriate steps, including through legislation, to prohibit discrimination on the basis of disability with regard to all matters concerning employment, including conditions of recruitment, hiring and employment, as well as protecting the rights of persons with disabilities on an equal basis with others, to just and favourable conditions of work including equal opportunities and working conditions, among other aspects. Importantly, it also calls for reasonable accommodation to be provided to persons with disabilities in the workplace (UN 2016).

Other articles of the UNCRPD are also relevant. For example, Article 28 focuses on the right to adequate standard of living and social protection for people with disabilities. This includes equal access to clean water services, and to ensure access to appropriate and affordable services, devices, and other assistance for disability-related needs (UN 2016).

3. Country contexts and national policy environments

3.1 Nigeria

In Nigeria, the number of people practicing open defecation is approximately 23 per cent, or 46 million people, with 29 per cent of people in rural areas practicing open defecation compared to 10 per cent in urban areas. Thirty-six per cent of the poorest households practice open defecation compared to 4 per cent of the richest households (FMWR, NBS and UNICEF 2020). Estimates of the number of people in Nigeria with disabilities is contested, but the discrimination and marginalisation that they face is well documented (Thompson 2020a). It is estimated that only 42 per cent of people with disabilities have improved latrines useable and accessible at home (FMWR, NBS and UNICEF 2020).

Nigeria ratified the UNCRPD in 2007 and its optional protocol in 2010, but domesticating it has proved challenging, with past governments failing to introduce into law a specific national disability act. In January 2019, President Muhammadu Buhari signed the Discrimination Against Person with Disability Prohibition Act (National Assembly of the Federal Republic of Nigeria 2019), henceforth referred to as the 2019 Disability Act, into law (Antwi-Atsu and Adekoya 2020). Prior to this, few Nigerian states had disability legislation. The exceptions were the Lagos State Special People's Law 2011, Plateau State Disability Law, and Kano State Disability Law. By 2020, nine states out of 36 had signed the 2019 Disability Act into law at the state level.

The 2019 Disability Act in Nigeria legislates against any discrimination due to disabilities and outlines some punitive measures (Ewang 2019). According to Sections 3 and 4 in the Act, persons with disabilities have equal right to access all public infrastructures, and all public buildings including public transportations are now mandated to be accessible for all persons with disabilities. Section 6 stipulates that there shall be a transitory period of five years for all public buildings and structures to be modified to suit the accessibility needs of people with disabilities.

Section 28 of the Act states that:

A person with disability has the right to work on an equal basis with others and this includes the right to opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open.

(National Assembly of the Federal Republic of Nigeria 2019: 11)

Both corporate organisations and principal officers working within an organisation that discriminates against people with disabilities are liable to penalties and fines. Section 29 emphasises that ‘all employers of labour in public organisations shall, as much as possible, have persons with disabilities constituting at least 5% of their employment’ (*ibid.*: 11). To be compliant with this section, employers will have to provide their employees with suitable and accessible sanitation.

While the law defined public buildings as any structure owned by any form or level of government or built by an individual or corporate body purposely for public use, it neither defined clearly what is a public organisation nor whose responsibility it is to provide reasonable accommodation and adjustment to a person with disabilities when employed. As such, it may be harder to use the law as an instrument to improve accessible sanitation in the workplace.

Despite the existence of laws relating to discrimination on the grounds of disabilities at both the federal and national level, enforcement is still a challenge (Arimoro 2019). Public buildings remain largely inaccessible, and organisations still discriminate against people with disabilities in accessing their infrastructure. However, there are signs that positive change is coming. The Federal Government commenced implementation of the national 2019 Disability Act by establishing the National Commission for Persons with Disability (NCPD) in August 2020, with budgetary provision in the 2021 National Appropriation Act. However, only in Lagos and Plateau States are there currently viable disability agencies that are adequately funded by the state government, which is something the other states are likely to need in order to enforce the legislation.

3.2 Bangladesh

According to WaterAid (2021a), as many as 85.6 million people have no access to a toilet. Seventy-three million use contaminated water and 107 million lack good hygiene at home. The official estimates of disability prevalence in Bangladesh suggest that 1.8 million people have a disability although other estimates suggest a higher rate, indicating that robust data is missing (Thompson 2020b).

Bangladesh signed and ratified the UNCRPD in 2007. In addition, several national frameworks and laws are relevant to accessible sanitation and disability-inclusive employment. Importantly, the Constitution of the People’s Republic of Bangladesh (Government of the People’s Republic of Bangladesh 1972) has several articles that are directly relevant, despite not referring to this focus specifically. For example, Article 15 of the Constitution refers to the provision of basic necessities of life, and also refers to the right to quality work for citizens. Article 27 guarantees that all citizens are equal before law and are entitled to equal protection under the law. Article 29 confirms that there shall be equality of

opportunity for all citizens in respect to employment and that no citizen shall be ineligible for employment or discriminated against, although it does not mention people with disabilities specifically.

In addition to the Constitution, there are also specific laws that are relevant. The Bangladesh parliament brought in the Persons with Disabilities Rights and Protection Act (Government of the People's Republic of Bangladesh 2013) which states that no person with disabilities should be deprived of, discriminated against, or hindered from engaging in any work they are competent to do. The Act defines 'discrimination' as unfair treatment for persons with disabilities compared to those without disabilities (WDDF 2013: 8). Such unfair treatment may include one or more issues such as depriving persons with disabilities of their rights, subjecting them to biased behaviour, denial of any facilities or benefits to a person due to their disability, and denying their right to take part in any other activities determined by the government. According to the Act, if any person with a disability is subjected to any form of discrimination, from any person and/or organisation, they may claim financial compensation from the person and/or organisation. The Act makes it an offence for any person/employer to try to obstruct or create an obstacle for a person with a disability in seeking legal actions for any such discrimination, which when in breach may be punishable with imprisonment or a financial penalty, or both. This also asks all employers to make reasonable accommodation or adjustments at work for persons with disabilities. An individual can take an employer to court or to a regulator in a case of discrimination due to inaccessibility in their built-in environment. Moreover, all public infrastructure is required to be accessible to persons with disabilities. Public infrastructure is defined as all public and private buildings, parks, stations, ports, terminals, and roads that are accessible to the public.

Despite the relevance of the Constitution and the existence of a specific disability law, there is a lack of effective enforcement mechanisms in Bangladesh, resulting in very few employers providing accessible sanitation in the workplace. Awareness of the obligations described in the UNCRPD is widespread across civil society and government. Yet implementation of laws and frameworks that focus on disability inclusion have lagged far behind policy commitments (Jones *et al.* 2018). The implementation of action to address discrimination based on disability remains inadequate, including with regards to accessible sanitation in the workplace.

4. Methodology

To address the lack of information on accessible sanitation in the workplace in both Nigeria and Bangladesh, this pilot study involved a participatory primary research process that sought to gather the thoughts and ideas of key informants. Through i2i and Inclusion Works⁵ the authors had existing links to relevant networks of people with disabilities, employers and OPDs, that could be leveraged to facilitate the pilot.

A roundtable discussion was held, as this is a recognised approach for participatory reflective discourse (Renn 2015). The general purpose of a roundtable is to hold a closed discussion for the exploration of a specific topic (Participedia 2021).

A roundtable works best by confronting issues rather than people. The aim was to create a forum where everyone present was on equal footing. The discussion provided an opportunity to bring together voices from concerned citizens through a process and a dialogue (Bridgeman 2010).

Due to the Covid-19 pandemic, the roundtable discussion was held virtually. After an introduction, participants joined either a Nigeria or Bangladesh sub-group to have a detailed discussion before coming back together as a larger group. This allowed participants to discuss initially in their own language which is particularly important when conducting disability-inclusive remote research (Rohwerder *et al.* 2021). It also allowed for discussion grounded in a national context, before broadening the discussion to include experiences from the other country. Also, breaking into smaller groups for the initial discussion has been shown to be an effective way to manage large groups in other contexts (Participedia 2021).

While the roundtable discussion was designed to be a participant-led free-flowing discussion, to encourage the most productive conversations within the time available, guiding questions on the legislative and policy frameworks, the role of OPDs, as well as issues affecting both employers and employees, were provided.

The meeting was held on 14 June 2021 and lasted for three and a half hours. The discussions were recorded, transcribed, and analysed.

⁵ [UK Aid Connect-funded programmes focused on disability-inclusive employment.](#)

4.1 Participants

Participants from Nigeria and Bangladesh were purposefully selected in partnership with representatives from the Inclusion Works and i2i programmes. Participants were recruited evenly from the following categories: NGO representatives who were involved in disability-inclusive programming, OPD representatives, jobseekers with disabilities, and employer representatives who were engaged with making their workplaces more disability inclusive. There was some overlap, with some participants belonging to multiple categories.

Thirty-eight participants took part: 16 from Bangladesh, 21 from Nigeria, and one who was based in the United Kingdom. Twenty of them were men and 18 women. Twelve people did not describe themselves as having disabilities and 26 described themselves as having disabilities. Of these, one person did not disclose their impairment, ten had visual impairment, eight had physical impairments, three had hearing impairment, and four had albinism. No one with intellectual impairments or multiple impairments participated, which is reflected upon later in the limitations section.

4.2 Ethics

Ethics approval for the pilot study was provided by the IDS ethics committee. A number of particular methodological and ethical issues in relation to doing research with people with disabilities were considered and included in the application, in addition to the usual considerations. Information about the pilot was provided in printed format as well as orally as needed. The consent process was also made accessible, with participants having the option to give their consent electronically (via email), orally (via voicemail or interpreter) or via another communication method if preferred. Reasonable accommodation for the meeting (for example sign language interpreters) was provided for, in order for people to fully participate on an individual basis. In addition, the offer of providing personal assistance and support where needed was made. Extra time was factored in for discussions, and information during the meeting was provided orally as well as on slides, which contained a mixture of text and images. Approaches to broaching sensitive topics and use of appropriate language were given careful consideration and discussed with partners in Bangladesh and Nigeria during the planning stage, as were considerations about the safeguarding of all participants.

Participants were informed that there was a small chance that talking about their experiences may bring up strong emotions for them. They were informed that as the discussion centred around sanitation, there was a risk that this may result in feelings of embarrassment or shame for some people, and that there may also be cultural and/or gender sensitivities exposed by the discussion (for example

men and women may have different things to say). Participants were reminded to only take part if they were comfortable to do so, that they did not have to answer any questions that made them feel uncomfortable, and that they could leave the conversation at any time.

4.3 Virtual notebook

In advance of the roundtable, a virtual notebook using Padlet⁶ was created and circulated to participants. It presented an opportunity for people to comment and share ideas and experiences in advance of, during, and after the meeting. The virtual notebook allowed participants to contribute who were less confident to speak in the meeting. It also offered a different form of communication, which may have been more comfortable for some people to use. It also reduced the time pressure of having to contribute as part of a discussion. It allowed time for reflection about what was said and how people felt. It also allowed participants who could not attend the full meeting or had connectivity issues to contribute.

⁶ Padlet.

5. Findings and discussion

5.1 Legislative and policy frameworks to ensure employers provide accessible sanitation for employees with disabilities

The overwhelming response relating to the effectiveness of legislative and policy frameworks was that while legislation at differing levels – both internationally and in the two countries – exists, it is not being implemented. As such it is largely ineffective at ensuring employers provide accessible sanitation. There were no opposing views voiced to suggest that the legislation is adequate in either country.

Several of the participants from both countries expressed a deep knowledge of the rights of people with disabilities with regards to non-discrimination and the requirement for accessible facilities, but many simply felt that the frameworks were not being operationalised. This inaction was blamed on lack of political will, ignorance, and/or the lack of punitive measures for non-compliance. Further research is needed to assess why countries ratify conventions if they do not or cannot deliver their requirements.

One participant with disabilities commented that in Nigeria, even the progressive organisations who were keen to become more disability inclusive in their hiring practices rarely considered inclusive sanitation, focusing their efforts elsewhere. Another participant from Nigeria with disabilities confirmed that despite anti-discrimination frameworks existing in Nigeria, ‘the legislative and policy framework does not ensure employers provide accessible sanitation for all. Sanitation has never been considered in accessibility.’ A third participant from Nigeria with disabilities stated that there was confusion with regards to the legally binding obligations that organisations were required to meet relating to providing inclusive sanitation facilities. Grey areas exist with regards to how the laws relate to quasi-public organisations and spaces.

There are many actors in Nigeria and Bangladesh focused on WASH, several of whom are active in the policy sphere. However, disability-inclusive WASH programming is still lacking. Many WASH organisations are not engaging directly with people with disabilities themselves. One participant commented: ‘Only a few [WASH-focused] organisations have involved people with disabilities. We need to work with mainstream development actors who are working in WASH but not focusing on disability.’ Unless WASH organisations engage with people with disabilities and their representative organisations, it will be hard to ensure that the formation and implementation of sanitation policies are fully disability inclusive.

5.2 Accessible sanitation from the perspective of jobseekers with disabilities

The lack of accessible sanitation in the workplace was found to remain as a barrier to work for many people with disabilities. However, this issue was found to be highly contextual, with the impact on each person varying. One participant from Nigeria with albinism recognised that for other people with disabilities it may be a challenge but that for him, '[Inaccessible sanitation] had not stopped me from applying for jobs.' Another participant with disabilities from Nigeria agreed,

people with different impairments may face different challenges... if I am a wheelchair user or white cane user I may demand accessibility features in the wash area, but if I am a speech or hearing impaired person I might not require full accessibility features.

The importance of universally designed facilities was clear, although such toilets were, in general, lacking from both Nigeria and Bangladesh. The UNCRPD describes 'universal design' as the 'design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design' (UN 2006: 4).

Another participant agreed and felt very strongly that employers should provide hygiene facilities for all employees. The focus should not be on people with disabilities specifically, as it is discriminatory to focus on only this group. Instead, employers should employ universal design, improving sanitation for all, not just for people with disabilities. To achieve this, employers need to change their attitude and start thinking about working conditions more holistically.

There was recognition that this issue is complex, and that the short-term vs the long-term objectives must be considered. For many jobseekers in low-income contexts (including those with disabilities) the short-term objective is to get a job. For this to happen, the jobseeker may need to check with employers if they have accessible facilities or to describe what their needs are when applying for jobs or accepting a position. The longer-term goal has to be for all employers to offer accessible facilities and for information about the facilities to be freely available. It should not be necessary for someone to have to ask what facilities are available or for this to influence whether they apply for a job or not.

Participants felt that many people with disabilities do not know about the UNCRPD or the national laws, and therefore do not know their rights with regards to non-discrimination in society, but more specifically with regards to hygiene and sanitation in the workplace. One participant with disabilities reflected that, 'we need to start thinking [about] how to improve the capacity of jobseekers with disabilities for how and what to negotiate.' He went on to share his experience:

In the past when I got a job, I was asked how [the workplace could be made more accessible] and I didn't know what to say. It haunts me – I was given the platform to negotiate but I didn't know what to ask for. These are things we need to think about with the capacity of jobseekers – they need to know their rights but also knowing how and when to negotiate.

Mentorship may help to overcome this challenge. He added: 'Persons with disabilities can work with others [who have already got jobs] to understand what to negotiate with regards to accessible sanitation.'

Some people with disabilities assume that they cannot apply for jobs due to the lack of accessible facilities. As one participant with disabilities explained:

A lot of times people with disabilities don't know the point at which they should negotiate reasonable accommodation. They don't know the right time to ask and what to demand for and what is the right terminology when negotiating with employers.

OPDs have a role to play here, as they can improve the knowledge of people with disabilities with regards to their rights, but also advocate with employers and the authorities to provide accessible sanitation. Unions may also be able to advocate for the rights of workers with disabilities and guide members to demand accessible facilities. In Nigeria, there has been some interaction between trade unions and the disability movement; for example, in 2012, the Trade Union Congress of Nigeria (TUC) Rivers State chairman, Chika Onuegbu, called for domestication of the UNCRPD in Nigeria (Thompson 2020a). The situation for people with disabilities in Bangladesh and Southeast Asia is generally more complicated, with little or no trade union protection for workers (Meekosha 2011).

A female jobseeker with disabilities shared an experience where she had successfully navigated a recruitment process and had accepted a job offer. Once she started work, she realised that the toilet in the workplace was not accessible to her. The working day was eight hours long, and it was not possible to work that long and not use the restroom. As a result, she felt she had no choice but to quit the job.

The issue of a lack of signage to indicate when accessible sanitation was available was also raised as a problem. This results in people with disabilities not knowing whether the facilities are accessible or not. As one participant with disabilities commented: 'When you go to a restroom you won't see a sign saying it is accessible. All restrooms are the same. It is only organisations that are creating awareness on the issue [that] have accessible bathrooms.' There is an opportunity for people with disabilities to work with the authorities and organisations to inform them how they can make restroom facilities more accessible in the workplace.

One participant who works for a disability-focused NGO argued that while accessible sanitation is important, it is not the main factor that influences whether someone applies for a job or not. They argued that ‘the main barrier to employment for people with disabilities is attitude.’ This includes the attitude of the employer and the prospective employee. By changing attitudes to be more positive, and improving awareness of disability rights, then it should be possible for reasonable accommodation relating to sanitation to be provided in the workplace and a person with disabilities to be employed.

There was some discussion relating to gender differences with regards to accessible sanitation in the workplace. One male participant with disabilities argued that there were not any differences in experience between men and women with disabilities, as both are affected by the lack of accessible sanitation. However, two different female participants with disabilities argued that it may be more of a challenge for women. One argued: ‘[Inaccessible sanitation] is a barrier. I have seen it in the workplace... Particularly for women with disabilities. Many have dropped out due to inaccessible sanitation.’ The second participant added that ‘[inaccessible sanitation] is relevant to men, but particularly challenging for women.’

It was argued that jobseekers need to be encouraged to apply for jobs, even if it is not known whether an employer has accessible facilities or not. One participant who had worked on a disability-inclusive development programme recounted an experience where,

one company interviewed a candidate with disabilities. The office was not accessible so they said they couldn't offer the applicant the job. But it led to the employer reporting it and the Human Resources Director, who decided it was time we take action [as they had] lost a talent. [The company had] lost someone who could add value to their work. This is the reason they started [making their workplace disability inclusive]. Once they have completed their interventions, they intend to go back to that candidate and see if they can have a vacancy for them. The only reason [the jobseeker with disabilities] didn't get the job was because of the facilities in the workplace. Sometimes applying may be a catalyst for change, even if the applicant doesn't get the job.

In this instance if the jobseeker with disabilities had not applied, the company would have remained inaccessible to other people with disabilities.

The need for accessible sanitation in the workplace has become more urgent during the Covid-19 pandemic, with the crisis exposing the urgent need for action to make hygiene facilities more accessible (Wickenden *et al.* 2021). It was also discussed that the Covid-19 crisis could bring some opportunities as

organisations explore virtual and hybrid work models. If employees are enabled to work from home, this may address their sanitation needs – assuming their homes have the facilities that are accessible. As the Covid-19 situation progresses, the accessible sanitation and employment landscape may change. Research is needed to document this process.

The ‘safety’ of employees due to inaccessible sanitation at work was also raised as a concern, with many people with disabilities having little choice but to use the inaccessible facilities on offer. As one participant put it: ‘It’s not safe. But you can’t control when nature calls!’ In the broader WASH literature, the risk of sexual and verbal abuse that people with disabilities in low-income settings face as they use the toilet or engage in sanitation and hygiene-related tasks is well established, as is the increased risk of disease (Groce *et al.* 2011; WSSC and FANSA 2016). Unfortunately, the nature of the safety issue raised by a participant was not clarified during the meeting, but it is thought that the comment was made in relation to the increased risk of infection by disease due to unsuitable facilities in the workplace, as opposed to the risk of assault.

5.3 Accessible sanitation from an employer perspective

There was a general agreement that the majority of employers do not consider accessible sanitation when thinking about employing people with disabilities. Even for progressive employers who are trying to being more disability inclusive, accessible sanitation is not high on their agenda.

One participant with disabilities from Nigeria commented: ‘Employers do not consider sanitation when offering jobs to persons with disabilities.’ Participants from both Bangladesh and Nigeria agreed that there was a knowledge gap on the rights of people with disabilities to have accessible sanitation in the workplace. It was argued that some organisations want to be accessible, but they do not know how to go about it. Many employers lack the knowledge and expertise on what provisions to make with regard to making the sanitation facilities available for people with disabilities. To close this knowledge gap, various actors including OPDs, governments, unions, and people with disabilities themselves need to advocate for inclusive access and education organisations on disability rights.

Related to the point on the knowledge gap, one participant explained the importance of employers knowing that existing sanitation facilities can often be re-modelled to accommodate the needs of people with disabilities. For this to happen, employers have to be open to improving the work environment for their employees. As one employer stated: ‘We must change our mindset – we must understand the need.’ It was agreed that employers must follow universal design

– making facilities accessible to people with a wide range of abilities, disabilities, and other characteristics – in order to achieve inclusion. As one participant with disabilities stated: ‘We must be working to remove all kinds of barriers.’ Another participant with disabilities commented that ‘when we make sanitation in the workplace accessible it is good for all, not just for people with disabilities. We have to make it so anyone can come and do their job properly.’

A male jobseeker with disabilities argued that in his experience it is not always possible to know if employers have accessible facilities or not, and this can deter people from applying for jobs. He argued that many organisations do not do enough to declare that their workplaces are disability inclusive when advertising jobs. Despite the UNCRPD and national laws, many workplaces are yet to be accessible. Those that are already accessible or are committed to make the necessary accommodations to improve, have the opportunity to make this clear when advertising roles. This would help people with disabilities to make a decision about whether to apply or not. Mentioning accessible facilities in job adverts can increase comfort levels and confidence for jobseekers with disabilities.

One participant who had a disability but had also had experience of working for a development project focused on increasing the employment of people with disabilities reported that they have found accessible sanitation to be a major barrier to employment. In their experience, numerous employers and human resource representatives have stated that they are unwilling to recruit people, as the organisation does not currently have accessible sanitation facilities or because they are concerned that they will not be able to meet the needs of an employee with disabilities. Further research is needed to explore such positions.

Someone who had worked with organisations to improve disability-inclusive employment relayed an account of a company giving someone with disabilities a job, but then did not ask her what her requirements were. The employer felt very embarrassed that she could not access the hygiene facilities but did not take action to ensure she could work. Another jobseeker with disabilities was invited to interview with a particular company and was told outright in the interview that they could not give her the job due to access issues. Both of these situations exemplify discrimination against people with disabilities. Discrimination can be based on implicit (unconscious) or explicit (conscious) bias (Friedman 2019). Explicit discrimination would be someone being denied the opportunity to work due to their disability. Implicit discrimination may include discriminatory language or the employer failing to take action to be inclusive of someone with disabilities, without specifically stating why (or being aware that) discrimination is taking place. Implicit forms of discrimination are harder to redress through legal action and have been shown to be just as detrimental to people compared to overt discrimination in work settings (Beatty *et al.* 2019; Jones *et al.* 2016).

One participant from Bangladesh with disabilities argued that employers favour people with certain impairments over others, and that this is manifested during the recruitment process. People with impairments that are considered ‘harder’ to accommodate for are told that accessible sanitation facilities are not available for them and so they cannot work. A participant from Nigeria with disabilities added that ‘sometimes employers will deny you and tell you outright that there are no accessible facilities. Other times employers will deny you but not tell you the real reason because they don’t want you to feel bad.’

One participant who has disabilities also made the point that some jobs require you to move around and are not just based in the same location. This can result in additional challenges. For her job she had to attend workshops or seminars in hotels, many of which do not have accessible sanitation. When this happened to her in the past, she recounted how she often had to leave the venue and go home early when she needed the toilet. This prevented her from doing her job effectively. Employers need to think more broadly about accessible sanitation if employees are required to travel around for work. In recent years, progress has been made by the hotel sector in many low-income countries with regards to becoming more accessible with various frameworks being established. However, the implementation of accessibility laws and guidance remains inadequate in many low-income contexts (Chikuta and Kabote 2018).

There was some discussion around the usefulness of the national law in Nigeria. It was argued that there was some confusion, as it is not clear who is liable to do what and by when. One participant argued that many ministries and agencies are yet to implement accessible sanitation in their buildings, which does not set a good example. If it was clearer what the implications of the laws are, companies may be quicker to take action to provide accessible sanitation.

Participants from Bangladesh also questioned whether their disability law was suitable, noting that accessible sanitation is not specifically mentioned. While it could be argued that it falls under reasonable accommodation, which is detailed, participants felt that by not explicitly stating what was required, employers found it easier to avoid providing accessible sanitation facilities.

One participant with disabilities described the positive impact on work that providing an accessible environment can deliver. She said: ‘When a building is accessible and everything is provided then there is a high rate of productivity and creativity.’ When employers provide accessible sanitation then it can create a welcoming and inclusive atmosphere, which can have a positive impact on employer/employee relations. There was also discussion about how an increase in organisations providing inclusive sanitation would eventually result in more people with disabilities applying for jobs. Relating to the increase in companies providing facilities that follow universal design, one participant commented that

‘it will increase the rate at which people with disabilities go out and seek job opportunities, and employers would not have to think twice.’

One participant with disabilities from Nigeria commented that too many employers give people with disabilities a job but then do not provide facilities, leaving it up to the new employee whether or not they stay. It was argued that this attitude should be challenged, and that employers ‘should be providing everything for us to stay.’

Even if an employer does have accessible facilities, this does not guarantee their correct usage or that they are kept available for people with disabilities. One participant with disabilities stated that ‘if you enquire with a particular employer, they may say the facilities are available, but you get there and then there is an issue.’ Another participant gave the example of an accessible toilet in an office in Bangladesh being misused, with the handles being used to hang towels on and the extra space being used as an impromptu cupboard.

There was some discussion around the benefits of organisations providing accessible sanitation based on universal design even if they do not currently employ anyone with a disability. This would improve general accessibility, pave the way for future employment of people with disabilities, and be useful if a current employee acquires a disability.

One participant who works on development programmes focused on disability-inclusive employment stated that many employers have concerns that if employing people with disabilities they will be responsible for further accommodations, which they often have resistance to, due to the cost. There is a worry that if organisations put pressure on employers to provide accessible sanitation, the companies may disengage completely and may decline to employ people with disabilities altogether. As accessible sanitation is an important part of disability-inclusive employment, it was suggested that for future inclusive employment projects, NGOs and OPDs partner with motivated employers who will take decisions based on the requirements of employees and have a genuine commitment to realising the rights of people with disabilities. The participant who raised this commented: ‘Organisations [working on disability-inclusive employment] have to be very careful with which employers they contact. We [meaning those organisations working on improving disability-inclusive employment] shouldn’t be running for targets but make sure what we do is done comprehensively.’ Working with companies who are genuinely committed to realising the rights of employees with disabilities should result in them providing accessible sanitation facilities.

There was a brief discussion about how communal sanitation facilities might be beneficial, particularly for employers who only have a few members of staff. In some situations, an accessible toilet in the community may be enough, or ‘better than nothing.’ If there is a convenient, clean, and accessible toilet in the community, employers may not need to provide a toilet in the workplace.

5.4 OPDs and accessible sanitation in the workplace

Opinions about OPDs and accessible sanitation in the workplace were mixed. Some participants felt that OPDs are already doing a lot to advocate for change in this area. Others felt that OPDs are doing some work on this topic, but it is not a main focus. A third group of participants felt that OPDs are not addressing this issue at all. It was generally felt that all OPDs had the potential to do more with regards to advocating for accessible sanitation if they had their capacity increased.

Participants saw OPDs as having a role in fighting for the rights described by the UNCRPD and disability laws. One participant argued that there should be no compromises, and OPDs can play a role in monitoring and checking compliance. This may involve following up, as many organisations will promise change, but then do nothing. Another participant agreed that OPDs have a role in making sure positive change happens.

There was a general consensus that despite the various laws and frameworks at both the international and national level, further advocacy work and funding is needed, and that it would be good for OPDs to do more advocacy on this topic. To push for change, OPDs can work to give people with disabilities a platform to raise their voice and explain the challenges they are facing.

The facilities provided by OPDs in their own offices was also discussed. OPDs must consider their own practice and become accessible sanitation champions by providing accessible facilities in their buildings. Reflecting on the accessibility of their own facilities may be useful to OPDs in the process of learning how to address the challenge more broadly. One important point of discussion was around the 'how' to develop inclusive sanitation facilities. Collaborating with NGOs working on WASH could assist OPDs to adopt best practice. OPDs could consider expanding their knowledge of accessibility codes for universal access enabling them to advise organisations on how they can ensure that their bathroom facilities are disability accessible.

It was also mentioned that the topic of accessible sanitation is simply not spoken about enough, and OPDs have an opportunity to change this. In both Nigeria and Bangladesh, toilet usage is considered a personal issue and rarely discussed openly. While progressive organisations that want to be more inclusive are increasingly talking about inclusive access to buildings, they are not yet openly discussing accessible sanitation facilities. OPDs can increase the awareness of this issue, which may include adopting a public health stance. OPDs can argue that change needs to happen urgently, as without sanitation for everyone, there is a risk to health.

6. Conclusion

6.1 Recommendations

The final discussion of the roundtable focused on recommendations, which were made for OPDs, policymakers, employers, and people with disabilities themselves. There was overlap between these categories, with some recommendations involving two or more groups.

It was noted that recommendations may vary depending on whether a 'progressive realisation of rights position' or a 'non-regressive of rights position' is adopted. The progressive realisation of rights position recognises that in the short term, jobseekers with disabilities may need support to navigate issues relating to accessible sanitation in the workplace, and that employers will need support in providing what is needed. However, the non-regressive position regards the rights described in the UNCRPD and the national laws to be non-negotiable and instantly actionable for employers. This stance would argue that no recommendations are needed for jobseekers or employees with disabilities as it is the sole responsibility of the employer to provide the necessary sanitation facilities. This dichotomy can be linked to either viewing the world how it currently is, recognising it is not ideal and seeking how to improve it gradually and practically, or viewing the world how it should be and then pushing for change to make it happen. This debate is ongoing in the broader disability inclusion sphere and requires further investigation with regards to its importance to accessible sanitation in the workplace.

Linked to this, it was noted that recommendations must be made in the context of how disability is defined and understood. The social and human rights models of disabilities argue that accessible sanitation at work is a societal challenge. Therefore, while some of the recommendations included are made for people with disabilities themselves, it is recognised that ideally, people with disabilities should not have to take individual action, as society would provide the necessary conditions to ensure that all employment is disability inclusive, including the provision of accessible sanitation.

With these arguments in mind, the following recommendations that are relevant to both policy and practice were made by the participants:

- 1. Employers must provide accessible sanitation as per national laws and the UNCRPD.** Once accessible facilities are available, employers must make it clear that they are. The facilities must be used correctly and kept available for people with disabilities when needed. Advocacy focused on accessible sanitation is needed so employers and employees know the law about

discrimination and the rights of people with disabilities. OPDs in collaboration with WASH focused NGOs can advise on how best to provide these facilities.

2. **The capacity of OPDs to advocate for accessible sanitation needs to be built.** This includes both the finances to allow OPD representatives to focus on this topic, but also developing the knowledge capacity (with help from WASH-focused NGOs) allowing OPD representatives to be subject experts.
3. **Better data and more evidence on accessible sanitation and inclusive employment must be developed.** Further research should be undertaken on this topic. This includes both qualitative and quantitative studies. For example, qualitative approaches could detail the experiences of employees/jobseekers with disabilities with regards to accessible sanitation and work. Quantitative approaches could investigate the prevalence of employers that provide accessible WASH facilities, or the prevalence of employees with disabilities who have unmet needs in this area.
4. **Collaboration between relevant stakeholders must be strengthened.** Collaboration is needed between government, NGOs, OPDs, and people with disabilities themselves to hear experiences, understand barriers, and plan both short- and long-term interventions to improve disability-inclusive sanitation in the workplace. International collaboration would also improve knowledge about best practice and strategies to achieve positive change.
5. **Governments must ensure anti-discrimination legislation is acted upon and that the issue of accessible sanitation in the workplace is addressed as a priority.** The State must monitor and enforce this provision and facilitate people with disabilities realising their rights. Policymakers must continue to assess and update inclusive sanitation policies as necessary. People with disabilities must be involved in the policy formulation process and also with the implementation of policy (for example, they should be consulted when facilities are being built). In addition, governments need to make the finances available to implement inclusive sanitation policies. Authorities at various levels must become champions of accessible hygiene facilities in all public spaces.
6. **Guidance and support should be given to people with disabilities to realise their rights with regards to accessible sanitation and employment.** This can be done through mentorship and through support from OPDs and NGOs. Jobseekers should be encouraged to apply for jobs, even if it is not known whether an employer has accessible facilities or not, as applying may be a catalyst for change towards being more inclusive within the organisation.
7. **OPDs must collaborate with NGOs that focus on WASH and encourage them to interact with people with disabilities.** Through mutually beneficial

learning, OPDs can strengthen the capacity of WASH NGOs to mainstream disability inclusion within their work, and WASH NGOs can strengthen the capacity of OPDs with regards to best practice for hygiene and sanitation programming.

8. **NGOs and OPDs must demonstrate best practice with regards to inclusive hygiene facilities.** This includes providing accessible sanitation in their own offices, but also any venues hired or used should also have inclusive facilities. Encouraging external venues to consider becoming accessible will increase their potential to employ people with disabilities in the future.
9. **NGOs must consider accessible sanitation when planning disability-inclusive employment projects.** As it is an essential part of inclusive employment, it must be included in the planning phase to avoid challenges later with implementation. NGOs must also engage with OPDs to ensure provisions are adequate and that knowledge is available to support employers. OPDs may need financial or capacity support to ensure they can engage, and this should be budgeted for accordingly. Disability-inclusive employment programmes should partner with progressive organisations who are committed to upholding disability rights.

6.2 Limitations

During the roundtable, discussions regarding gender sensitivities of sanitation facilities at work were very limited, and menstrual hygiene was not mentioned at all. This was possibly due to the format of the discussion. Despite the virtual notepad offering the opportunity for anonymous contributions, none were forthcoming on this topic. Other methodologies affording more privacy to participants (perhaps having an all-female discussion in addition to the general discussion) may have delivered more insight into this topic.

The majority of the discussions focused on formal or waged employment. This is perhaps unsurprising, as this is a focus of both i2i and Inclusion Works. Further research could seek to explore the experiences and thoughts of self-employed/informal workers. In addition, the impact of rural or urban workplaces on accessible sanitation could be explored in future research.

On 10 June, the Nigerian government declared that 14 June was to be a public holiday to mark Democracy Day (Udegbumam 2021). It was too late to re-arrange the virtual meeting, which was planned for the same day. Although 21 participants from Nigeria took part, it is unclear whether the unplanned holiday had an impact on people's attendance and contribution.

While efforts were made to recruit a balance of participants, no participants with intellectual or multiple impairments were involved. One representative of a

Down's Syndrome organisation participated, but the lack of participation of people with intellectual impairments is a limitation of this study.

Due to administrative reasons, any payments for reasonable accommodation had to be reimbursed after the meeting had happened. It is possible that this presented a barrier for some people, as they would have to shoulder the economic burden until the funds arrived.

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Accessible Sanitation in the Workplace – Important Considerations for Disability-Inclusive Employment in Nigeria and Bangladesh

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