Country Note 12.1
East Africa

Why the water and sanitation sector in East Africa should consider disabled people

Disability is a poverty issue
Disability is both a cause and effect of poverty. According to the World Bank, one in every six people living in extreme poverty has one or other form of disability.

Caring for a disabled family member can place heavy demands on family life, especially for women who undertake most household chores. Such demands reduce the time available for economic activities or skills development, among other things.

So why are poor people more likely to be disabled?
Poor nutrition, unsafe water, poor hygiene and sanitation, limited health services, environmental pollution, lack of information and HIV/AIDS all put people at greater risk of physical impairment.

And why are disabled people more likely to be poor?
Inadequate health care and treatment, lack of suitable equipment, poor access to education and employment, isolation and discrimination all contribute to poverty among the disabled.

Disabled people face social stigmas that limit their access to education and therefore opportunities to participate and influence decisions affecting the provision of essential services, including access to water and sanitation.

Headline facts

■ Current estimates are that approximately 7.3 million people in East Africa are disabled.

■ Violent conflict, accidents, HIV/AIDS and environmental pollution, all of which are common in East Africa, contribute to an increase in the number of disabled people.

■ Disabled people have the same needs and rights as everyone else, including access to adequate living conditions, sanitation facilities and safe water, education and health services.

■ The majority of disabled people in low income communities will only access these basic needs and rights, and so achieve an acceptable quality of life, by being included in mainstream services and programmes.

■ Lack of clean water and sanitation facilities are key factors in keeping people poor, unhealthy and unable to improve their livelihoods. For disabled people, the impact is far greater.

■ Areas with least access to water and sanitation also tend to have a higher percentage of disadvantaged populations, including disabled people.

■ Disabled people are routinely excluded from water and sanitation projects in low-income communities, because project designs do not consider their needs.
Barriers exist in the natural environment, like long distances to water sources, rough terrain, rivers with soft or rocky banks and uneven slopes to reach the water. These all impede access for those with physical impairments, especially in rural areas.

Physical infrastructure barriers include steps to reach a water source, slippery floor surfaces and apron walls. In the household, narrow doorways, water storage containers without handles or out of reach make it difficult for disabled people to access water.

In times of acute water scarcity, people queue for long hours at water points. Water for use by disabled people can become a low priority, partly due to the belief that they do not get so dirty due to their limited physical activities.

Water and sanitation policies and strategies in Kenya strongly advocate for provision of water to the poor and vulnerable populations. Disabled people fall within this group, but their concerns are not given the due prominence they deserve.

Despite the policy provisions, there is an acute lack of appropriate and available information to enable implementers to adapt water and sanitation facilities in a way that addresses the challenges faced by disabled people.

Disabled people face stigmas and exclusion resulting from limited knowledge and understanding on the causes of disability. This can be particularly acute where disability is associated with witchcraft or curses. Disabled people may be prevented from sharing communal facilities for fear that they will “contaminate” the water, or make the facility “dirty” for other users.

Ventilated Improved Pit (VIP) latrines are commonly used throughout East Africa. Where they have been adopted, communities are considered to have increased access to sanitation. This may not reflect reality however, since the design of most VIPs makes them inaccessible to disabled people.

In schools, toilets may be located some distance from classrooms and hostels. Many have no access ramps, making it difficult for disabled children to access them.

Children using wheelchairs in a Ugandan primary school can find toilet access and use problematic. Kiwanuka (2002) reports that these children have difficulty opening the doors and closing them once inside. Door locks are often too high to reach and limited space inside the latrine restricts movement. Taps are often too high, making hand washing and self-cleaning problematic. Children who crawl find the floor too dirty, especially as they often crawl with bare hands. Where the water source is not close by, users find it difficult to carry water to the latrine for washing.

Accessible water and sanitation enables disabled people to practice safe hygiene, reduce the risk of contracting disease and so improve their health and livelihoods.

Improving access to water supply and sanitation services for disabled people also benefits care providers, usually women and girls, by reducing their workload and freeing them to undertake other activities, such as attending school or earning an income. Savings from medical costs and time spent on care-giving can also be invested by the family in other socio-economic activities.

Other marginalized groups can benefit from accessible facilities, including elderly people, pregnant women, children and the sick, including those living with HIV/AIDS.
Caring for a disabled family member presents an additional workload for women, who will already be exhausted from household chores, including walking several kilometres to look for water each day.

Time spent on care-giving tasks reduces time available for other household tasks such as growing food for the family, or for leisure, educational or fee-earning activities.

In Kenya, the Persons with Disability Act 2003 is the main legal instrument that comprehensively addresses the rights of disabled persons. It covers, for example access to buildings, public carriages and education opportunities. However, accessibility to water and sanitation services has not been clearly defined in the Act.

In Uganda, promoting equal opportunities for people with disabilities has been identified as a strategy to reach marginalized people. Despite this, no specific guidance is available on how to achieve increased access to water and sanitation services for disabled people.

Community Based Rehabilitation [CBR] is the main strategy adopted in Kenya and Uganda to address the needs of disabled people at the community level. However, the major emphasis is on raising awareness to reduce social stigmas, rather than on improved service delivery by, for example, integrating the provision of water and sanitation into the strategy.

Although disability is considered a human rights issue, concrete plans are yet to be developed to improve access to essential health care programmes. In Uganda for instance, primary health care activities have been implemented for more than two decades, but little attention was paid to disability issues prior to 1995.

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Disabled people and their representatives should be consulted at all stages of decision-making in the design, operation and maintenance of facilities.

Water facilities

Water sources should ideally be located near to households where disabled people live. This may mean providing piped water next to the house, or installing a storage jar nearby. A wide, level path may also need to be provided, leading to the facilities, so that someone using a wheelchair or walking with support can have access.

Access to a tap or pump handle is particularly important for people who have impaired use of their lower limbs. A ramp or sitting block may need to be provided, to ensure access.

A means of transporting water, such as jerry cans, should be adapted in such a way as to be convenient for the user.

Sanitation facilities

Toilets should be constructed with appropriate access facilities. Examples include ramps to reach raised toilets, ways to allow disabled people to open, close and lock doors and non-slip floor surfaces.

Installing raised toilet seats and handrails can provide support to disabled and elderly people who are unable to a squat latrine.

Making Water and Sanitation Facilities Accessible to Disabled People

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Leonard Cheshire International, a charitable organization, has been providing services that support disabled people and their right to participate fully in society. The organization is implementing a pilot project on Inclusive Education in five schools in Western Kenya. A key component of the project is environmental adaptation.

Before the project, disabled school children had difficulty accessing water and sanitation facilities, which were old and poorly maintained. The floors of the latrines were caving in, posing great risks to all children, while those with disabilities were totally unable to use them.

Through community participation, adaptations to the school latrines have been made by pupils, teachers and the community. The latrines have been rebuilt and made accessible by providing concrete access ramps, wide entrances and toilet pedestals. The toilets are also equipped with supporting handrails or chains.

Together with other environmental adaptations, the project has helped to improve education for all of the children, while the school enrolment of children with disabilities has increased by 113% in three years.