



Changing lives, Changing communities



Disability Inclusive Water and Sanitation

**Information package
May 2010**

Introduction

Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a locally registered non-governmental organisation first established in 1994. It is the largest indigenous provider of disability and rehabilitation services in the country. CCBRT comprises a well established disability hospital in Dar es Salaam, community programmes in around Dar es Salaam and Moshi, a training unit and an advocacy unit. Every year, around 120,000 adults and children with disabilities and their caregivers achieve a better quality of life through CCBRT services.

CCBRT has adopted a twin-track approach to disability, meaning that it will continue providing specific services to people with disabilities and at the same time promote disability inclusive development. This information package gives an overview of various aspects related to disability-inclusive water and sanitation. Materials from CBM, the make-development-inclusive initiative, Ethiopian Centre on Disability and Development and CCBRT were used as resources.

What is disability?

Disability is not something individuals have. What individuals have are impairments: physical, seeing, hearing, psychiatric, intellectual or other impairments. Disability is what happens when society creates barriers by designing communities only for non-disabled persons, taking no account of the needs of disabled persons. Society is built and organised in a way that assumes that everyone can all move about, enter buildings, see signs, read directions and hear announcements, and access services and opportunities available to non-disabled citizens.

Disability not only has to do with barriers society creates but also with discrimination and the attitudes and behaviour of the public. People and groups of people should not be judged by one particular aspect of their lives – whether it's their gender, age or impairment. Negative beliefs and assumptions, as well as the practices of government and private institutions, mean that persons with disabilities are not able to access things and participate in community life.

In day-to-day speech, the words impairment and disability are often used interchangeably. However, they are different; having an impairment does not necessarily limit or exclude a person. Disability is the exclusion of people with impairments, due to social and environmental discrimination that acts as a barrier to their full and equal participation in mainstream society. Disability is fundamentally an issue of rights.

Justification for including disability in the water and sanitation sector

Disability-inclusive water and sanitation services lead to greater independence for persons with disabilities and -if done well- can significantly improve the living conditions of persons with disabilities and other community members. Justifications for inclusion of a disability perspective in the water and sanitation sector can be based on statistical, health, economic, legal and political grounds:

Statistical:

- About 10% of any population are persons with disabilities. Promoting disability inclusion equals to 'access for all'. Hence, children, elderly, pregnant women and persons with illnesses and short-term disabling conditions will also benefit. Combined they constitute a large number of potential beneficiaries.
- Disability and poverty are closely linked. The World Bank estimates that world-wide individuals with disabilities comprise about 20% of the poorest of the poor.¹ Exact data about persons with disabilities that do not have access to water and sanitation are lacking. On the basis of the number of persons with disabilities living in the poorest communities it is essential that they are considered in all development projects in water and sanitation.

Legal:

- The right to safe access to water is clearly defined as a human right by the United Nations, e.g. in the UN Declaration of Human Rights and the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The UNCRPD calls on States to 'ensure equal access by persons with disabilities to clean water services'.
- In order to reach the MDG target for halving the proportion of people without access to safe drinking water and sanitation by 2015, persons with disabilities have to be included. Services that meet the needs of all people (and thus include persons with disabilities) can help to increase the coverage of water and sanitation services.

Health:

- Lack of safe water and sanitation can have severe health implications. To give an example, with an estimated 6 million people who became blind and a further 148 million suffering from active infection, trachoma, due to lack of access to safe water, is the biggest cause of preventable blindness worldwide.
- Improving water, sanitation and hygiene conditions is a major step towards reducing preventable diseases and disability, especially for the poor.

Economic:

- Lacking access to water and sanitation services compounds poverty and poor health and increases isolation. As persons with disabilities mostly belong to the most disadvantaged parts of the population, ensuring access to safe water and sanitation has an enormous impact on their individual situation and that of their communities.
- Compared to medical treatment, improving water and sanitation services is tackling the root cause for some forms of preventable diseases that lead to disabilities and is much more cost efficient and sustainable.²
- Additional costs for providing fully accessible facilities from the outset are estimated to be at

¹ Elwan, A., 'Poverty and Disability: A survey of literature', World Bank, 1999

² Montgomery, M. and Elimelech, M., 'Water and Sanitation in Developing Countries: Including Health in the Equation.' Environmental Science and Technology, 2007

around 1% of the overall costs.³ It is less costly to plan beforehand to make services inclusive for persons with disabilities and clearly outweighs the additional costs for adapting facilities.

- Disability specific or special services are more expensive and only some people might benefit from it whereas accessible general services cater for the whole population including children, pregnant women, elderly and ill.⁴

Disability sensitive indicators for the water and sanitation sector

For planning and result measurement purposes, disability sensitive indicators need to be established. The table below gives a selection of possible indicators that could be adapted depending on the context.

Level	Indicator
<i>Input</i>	<ul style="list-style-type: none"> • Development of policy/ project/ program on inclusion of people with disabilities in water and sanitation services • Expenditure on development of policy/ project/ program on inclusion of people with disabilities in water and sanitation services
<i>Output</i>	<ul style="list-style-type: none"> • Number of water facilities adapted or constructed that are accessible for people with disabilities • Number of sanitation facilities adapted or constructed that are accessible for people with disabilities • Number of public services (schools, health facilities etc.) adapted or constructed that are accessible to people with disabilities • Number of officials, services providers, water and sanitation managers trained on disability inclusion in the water and sanitation sector • Involvement of people with disabilities and disabled peoples organisations in decision making processes
<i>Outcome</i>	<ul style="list-style-type: none"> • Number of households with person with disability with access to safe water • Number of households with person with disability with access to safe sanitation • Number of people with disabilities using services that they did not use before the programme was implemented because of non- accessibility • Number of people suffering from water and hygiene related diseases causing disabilities before and after the program implementation (e.g. diarrhoea and infectious diseases) • Health costs of water related disease and impairment/ disabilities (% of income)
<i>Impact</i>	<ul style="list-style-type: none"> • Persons with disabilities have equal access to water and sanitation services as other people in their community, which results, as for others, in an improved quality of

3 Edmonds 2005 cited in: 'World Bank: Social Analysis and Disability: A Guidance Note. Incorporating Disability-Inclusive Development into Bank-Supported Projects.' March 2007

4 Jones, H. and Redd, B., 'Water and Sanitation for disabled people and other vulnerable groups. Designing services to improve accessibility.' 2005

life, and improved state of health

- The number of people infected by water and hygiene related diseases is reduced

Key accessibility standards

Persons with physical, visual, hearing or other impairments are citizens, consumers, students and workers just like the rest of us. They need, deserve and have a right to access services and opportunities provided to everyone else. By building and maintaining barriers, society continues to exclude and discriminate against persons with disabilities. An accessible infrastructure not only benefits people with disabilities but a wide range of people such as elders who have difficulties in walking, pregnant women, people with cardiac problems and people with temporary impairments such as a broken leg. Anyone can or will join one of these categories sooner or later in life; accessibility and inclusion thus concern a much larger public than only persons with disabilities.

Buildings, other structures and spaces should be designed or adapted in a way that meets the needs of as many people as possible, including persons with disabilities. It is much easier to consider accessible designs at the beginning of a project because if taken into account during the conception phase accessible design considerations represent only around 1% of the total cost of a building.

When many people see the words “access for persons with disabilities” they think of ramps, lifts, wide doors or reserved parking places. But access means more than that. Access is about:

- How people approach buildings, get in, move and find their way around, and leave
- How people obtain goods and information, use services and facilities
- How employers and service providers communicate with the people they employ or serve

Below key accessibility standards are presented:





Steps

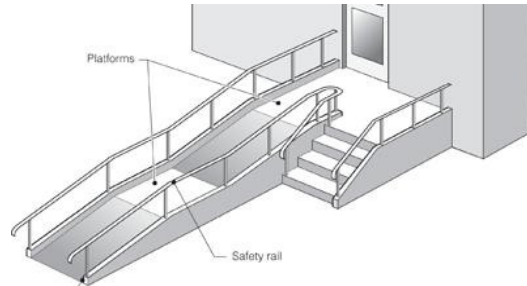
- Stairs should have handrails at both sides, the upper one 90cm and the lower one 70cm from the floor.
- The surface material should not be slippery.
- Steps should measure a minimum 35cm x 15cm.

Ramps

- Ramp(s) should provide direct access to the main floor, lobby, or elevator.
- Gentle slope measuring 10cm grade for every 1 meter of length.
- Ramps should be kept free of obstructions.
- Hard and slip resistant, flat surface (suitable materials for outdoor ramps include asphalt, concrete, metal; wood is often slippery when wet).
- Handrails on both sides, the upper one 90cm and the lower one 70cm from the ramp.

- Handrails should continue uninterrupted around any landing and extend at least 30cm beyond the end of the ramp.
- At any turning point on the ramp there should be a landing which is level and have a space of at least 150cm x 150cm to allow a wheelchair to turn.

				
No slope ideal	< 4 % Accessible and comfortable	< 5 % Accessible	< 8 % Assistance required	< 12 % Hazardous



Thresholds

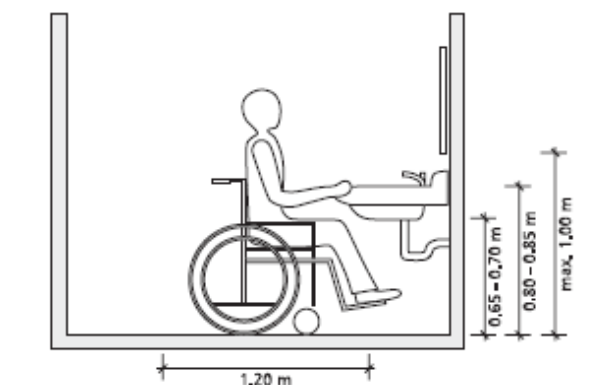
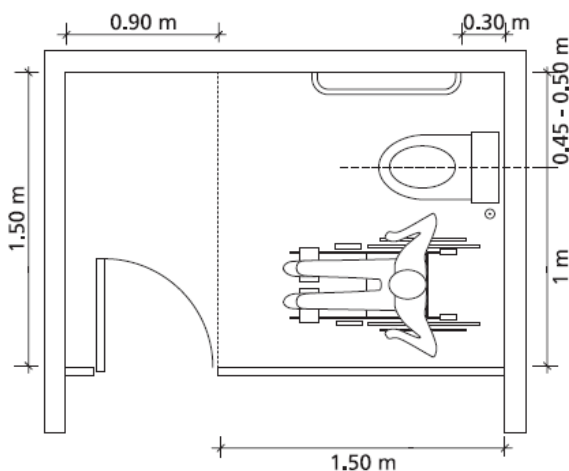
- Floors throughout the building should be non-slip and/or have securely attached carpet with short pile maximum of 1-2cm.
- All thresholds exceeding 20cm and any other differences in level should be bridged by a ramp.

Doors

- Doors should have a minimum width of 85cm.
- There should be turning space for a wheelchair at all doorways (if there is a turn immediately after the door the door width should be wider than 85cm).
- Automatic doors are always the most accessible entrance door for wheelchair users and all persons with disabilities.

Restrooms

- The door width to the toilet should be 90cm to allow wheelchair users to get in and out easily.
- There should be handrails at both sides of the toilet seat with a minimum height of 57-60cm from the floor.
- The height of the toilet seat should be equal to the height of a wheelchair (approximately 50cm) to ease transferring from the wheelchair to the toilet.
- The toilet should have a 150cm x 150cm free space for turning a wheelchair
- Installation of hand shower, hand drier, soap dispensers should be within the reach of a wheelchair user at a height of 50cm-70cm from the floor.



Chairs and tables

- The tops of tables and counters should be at a height suitable for wheelchair users (70-85cm) to approach the table.
- There should be knee space at the table of at least 70cm high, 85cm wide, and 50cm deep).
- There should be enough manoeuvring space for wheelchair users around the tables of 80cm x 130cm.
- The aisle between fixed seating should be at least 90cm wide.
- Spaces for wheelchair seating should be available throughout the room.

Special services

- Special training should be given to staff on making facilities accessible to persons with disabilities.
- Special services should be given to guests with disabilities, including guiding service and Braille documentation for blind and visually impaired persons, and sign language interpretation for deaf and hearing impaired persons.

