

**33rd WEDC International Conference, Accra, Ghana, 2008**

**ACCESS TO SANITATION AND SAFE WATER:  
GLOBAL PARTNERSHIPS AND LOCAL ACTIONS**

**Access to Water and Sanitation in Ghana  
for Persons with Disabilities: Findings of a KAP survey**

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*Water is a basic necessity, and good water and sanitation promote good health and enhances national development. This paper describes a study carried out for the West Africa Water Initiative (WAWI) in collaboration with WEDC. The study sought to identify the knowledge, attitudes and practices of WAWI partners on issues of disability and accessibility in theof WATSAN sectorservices and programs. The main findings showed that partners were aware of the disadvantageslacked experience and technical skills in dealing with issues of persons with disabilities (PWDs), and recognised that WATSAN facilities were often a problem for them to access. A range of practical ideas and suggestions were made that could be used to address some of these problems. The information from the study helped in designing a training workshop for WAWI partners and PWDs, in practical approaches to improving accessibility and inclusion in their WATSAN services and programmes.*

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## **Introduction**

The delivery of water and sanitation facilities to the most vulnerable and disadvantaged groups in society continues to pose a challenge, especially to persons with disabilities (PWDs). About 600 million people are living with disabilities, of whom 80% live in low-income countries; most are poor and have limited or no access to basic services (WHO, 2007). The issue of disability and access to public facilities has received little attention until recently. The UN Convention on the Rights of Persons with Disabilities acknowledges that persons with disability have a right to equal access to facilities and services (UN, 2006). In Ghana, the Poverty Reduction Strategy (GPRS II) emphasized the pursuit of policies that result in the inclusion of the vulnerable and excluded (NDPC, 2005), and in 2006 the Disability Act (715) was passed which emphasises the rights of persons with disability and established the National Council on Persons with Disability (Parliament of the Republic of Ghana, 2006). These national efforts strengthen the nation's commitment to the achievement of the Millennium Development Goals. Access to water and sanitation for PWDs becomes particularly important for Ghana as the nation works to eradicate extreme poverty and hunger.

## **Purpose of the Study**

In 2006, the West Africa Water Initiative (WAWI) commissioned WEDC to conduct training for its partners in Ghana, to help them start to include disability issues in their WATSAN programmes. To enable WEDC to design the most appropriate training content, it was agreed to conduct a study, with two main objectives: firstly, to survey current knowledge, attitudes and practices of WAWI partners on disability issues, and secondly, to understand the challenges faced by PWDs in accessing and using WATSAN facilities in Ghana.

## **Methodology**

The authors developed two written questionnaires: an initial draft by WEDC, which was then piloted and revised in Accra. One questionnaire was aimed at WAWI partners and the other at the disability sector. To gain a range of perspectives in each organisation, respondents were selected from senior and middle management level, as well as project coordination and implementation levels. The survey was conducted in two locations – in Accra by the first author, and in the Northern region by World Vision, a WAWI partner.

## **Findings from WAWI Partners**

Seventy-seven (77) responses were received from WAWI partners: 12 from Accra, 65 from the north. In

Accra, respondents were from both government and NGOs, whilst in the North, respondents were from government agencies only, including District Assemblies, District WATSAN team, Ghana Health Service and the Ministry of Food and Agriculture. The findings from both locations have been combined, unless otherwise stated.

### **Perceptions of disadvantage and access to Water and Sanitation**

70% of respondents believed that PWDs are generally more disadvantaged than the average person in Ghana, primarily because they are usually not considered in infrastructural designs and development.

*Access to water:* 92% believed PWDs face particular difficulties accessing water for domestic use. 67% said there are difficulties in access for productive use, especially in rural areas. The main reasons given were:

- Long distances to water facilities, which many PWDs have difficulty reaching them.
- The design of boreholes or handpumps in rural areas makes them difficult to operate, e.g. handpumps are often too high.
- PWDs have to rely on support from others.
- PWDs have to compete with able persons when accessing water for productive purposes.

*Access to sanitation facilities:* 92% believed PWDs face particular difficulties accessing toilets. 75% said the main challenge was with the design of facilities such as KVIP latrines, and that toilets were too small, dark and narrow.

### **Suggestions to improve Accessibility**

Respondents were asked to suggest solutions that would improve accessibility.

*To improve access to water points:* the main suggestions were:

- Adopt technologies that are disability-friendly
- Implement community schemes to assist PWDs in accessing water
- Encourage participation of PWDs in decision-making regarding water facilities
- Sensitization of technocrats – planners, engineers and contractors.

*To improve access to sanitation:*

- The vast majority suggested that the solution was to design disability-friendly toilet facilities. These are described as easy to operate, not too high, well spaced, with ramps and at close proximity.

Other suggestions included:

- Introduce a public law on the provision of WATSAN facilities for PWDs
- Sensitization of policy makers and the general public
- Exemption from user fees

### **Availability of Technical Skills**

83% of WATSAN respondents lacked skills or practical experience in working with PWDs. Most had no direct interaction with PWDs, although a few had experience through community-based programmes or at community level meetings.

### **Disability at an organisational level**

Programme planning: 83% considered that their organisation's WATSAN programmes do benefit PWDs, as participation is open to all, whether or not the person has a disability. Asked whether these benefits are because of planned activities or not, here the results differ. In Accra, the majority (58%) of the partner respondents reported that PWDs are not considered in the planning of WATSAN programmes, and that PWDs therefore participate by chance (Drafor, 2007). In the north, where the partner respondents were all from government agencies, the majority (68%) reported the opposite, i.e. that planned activities are targeted at PWDs. However, most of the activities listed included vocational type activities unrelated to water and sanitation (Salifu, 2007).

*Physical accessibility:* the majority of organisations said there are steps leading to their offices and some meeting rooms are on upper storeys of the buildings with no elevators. A few said PWDs can access at least one of their meeting rooms.

**Monitoring & Evaluation:** Very few (20%) of the respondents knew that their organisation had M&E indicators on disability issues, however not all of these were related to water and sanitation.

### Findings from the Disability Sector

Thirty-nine (39) responses were received from the disability sector (27 from Accra, 12 from the north). Respondents included one third PWDs and the rest disability service providers.

### Perceptions of disadvantage and access to Water and Sanitation

It is unequivocally believed that PWDs are more disadvantaged than an average person in Ghana. The most important factors cited were the marginalisation and discrimination against them in society, coupled with inaccessible physical structures and environment, and their exclusion from the development planning process. Disabled women with children, disabled older people, and persons with multiple disabilities are considered to be among the most disadvantaged PWDs, whilst invisible disabilities such as deafness do not attract support from society (Drafor, 2007).

**Access to Water:** 96% indicated that there are clear obstacles in accessing water for PWDs. The most important factors cited were:

- Distance to water sources, especially in rural communities where the borehole, well, stream or dam is normally far from their homes or farms. In urban areas piped water may be available, but is often unreliable, resulting in the need to travel to access water.
- The structure and design of water facilities, e.g. taps are usually too high, especially for wheelchair users; wells are open and unprotected, posing a danger, boreholes are very rugged and require a lot of drudgery to operate, and many facilities have raised platforms or steps around them with no runways or guide-rails.
- The routes or paths to water sources in farming areas are usually uneven and muddy, thereby inhibiting movement of PWDs in accessing water, especially for productive use. This becomes more profound where manual watering is the main form of irrigation.

**Access to Sanitation Facilities:** the vast majority of respondents considered this a problem for PWDs.

- Unfriendly design of facilities was cited as by far the biggest obstacle, including the following features:
  - Narrow doors or entrances that do not allow for wheelchair entry
  - Inward opening doors which prevent a person in wheelchair or walking with other aids to close doors when they enter
  - Squatting required by most designs and KVIPs
  - Many steps to toilets without ramps
  - No rails for the physically disabled to lift themselves on to the toilet, and
  - Large toilet holes, which is a danger to some PWDs.
- The routes to latrines were also considered a challenge, and
- Lack of braille information at entrances of public toilets prevents blind people from identifying male or female entry points.

### Recommended Solutions to Enhance Access

Table 1 shows respondents' suggestions for solutions and changes to reduce the obstacles. About 50 percent think the removal of physical barriers was the most critical. Public education, training, awareness creation, provision of at least some facilities designated for PWDs among the ordinary ones, and supporting PWDs to have toilets at home was also recommended.

### Participation in Programmes

Less than half of disability sector respondents think that PWDs benefit from WATSAN programmes, but this depends on the location of the programme and the type of disability, and they do not always benefit fully. Some PWDs however do participate in water and sanitation programmes, and others have taken part in sensitisation programmes on water quality and conservation. Obstacles to participation include:

- Programme planning does not consider their needs, and they are not involved or consulted;
- Deaf and blind people do not receive information about programmes in formats that they can access;
- Negative perceptions about PWDs can prevent them from participating.

<b>Recommendation</b>	<b>Number of Responses</b>
Removal of architectural barriers/design structures (ramps, level floors, rails, wider doors, etc)	22 (47%)
Involve PWDs in planning	5 (11%)
Enforce laws to ensure all new building and public structures are disability friendly	5 (11%)
Public education and advocacy/lobbying for the protection/adherent to the right of PWDs	4 (8.5%)
Provide brailled information at public toilets so the blind can find their way through without help (especially to male and female places)	3 (6%)
A toilet block with a given number of cubicles, should provide one or two that are accessible to PWDs	2 (4%)
Training PWDs to be able to use and access the facilities	2 (4%)
Encourage and support PWDs to own toilets at home	2 (4%)
Cover all and avoid the construction of open drainage systems	1 (2%)
Site toilets at relatively shorter distances in community and improve access routes	1 (2%)
<b>Total responses</b>	<b>47*</b>

*(Multiple responses were possible)*

The majority of respondents believed it was the responsibility of government and WATSAN NGOs to ensure access to water (55%) and sanitation (50%). For a third, governments have the ultimate responsibility to provide social amenities and infrastructure for all members of society. PWDs are generally poor and need support to acquire WATSAN facilities. However, the current policy environment does not require service providers to make their services accessible.

## Discussion

An interesting aspect of this study is the many similarities between the responses of two very different sectors. For example, suggestions of problems and their solutions differ mainly in the level of detail: disability sector respondents came up with a range of very practical and detailed ideas for making facilities more accessible, based on their day-to-day experience. This indicates that for the WATSAN sector, consultation with disabled people could be very fruitful, and help implementers identify detailed design features to help improve access.

Responses from the WATSAN sector indicated a certain level of acknowledgment and awareness of the obstacles facing PWDs (always bearing in mind that this was a self-selecting group of respondents). However, service providers were found to have little knowledge on how to address these obstacles in practice. This indicates the need for improving their knowledge base, by providing practical information, training, and examples of what works.

## Conclusions

This study helped to inform the design of a training workshop for WATSAN service providers and PWDs in Ghana. However, the study process itself contributed to raising awareness: by answering the questions, respondents were made to think about issues that may not have crossed their minds before. Efforts are needed in Ghana to enforce the Disability Act and make it operational, requiring engineers and providers of public facilities to make reasonable efforts to ensure that these facilities are disability-friendly. For organisations committed to ensuring access for all, this kind of study could be a useful first step in the process of improving accessibility to water and sanitation for the most vulnerable in society.

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