

Closing the Equity and Inclusion Gap for Water and Sanitation: Lessons from Wakiso Health Improvement Project for Elderly and people with disabilities in Namayumba and Kakiri Sub-county, Wakiso District

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Abstract/Summary

About 1.5 million Ugandans are above 60 years and another 6 million are Persons With Disability (PWDs)¹. The Constitution of Uganda provides to promote and protect rights of PWDs and other marginalised groups like elderly including the right to accessing safe water and sanitation. The elderly and PWDs have continued to face extreme conditions of lack of access to Water, Sanitation and hygiene (WASH) services. There are no deliberate technological designs and approaches to improve access to WASH services to these populations. To address this challenge and promote awareness of equity and inclusion for WASH services in Uganda, Voluntary Action for Development (VAD) a local Non Government Organisation (NGO)with financial support from AidLink(An Irish Government Development Agency) implemented the Wakiso Health Improvement Project to provide access to WASH services for PWDs and elderly in Wakiso District

Introduction

The Government of Uganda is committed to increasing access to safe water supply in rural areas from 65 percent in 2012/13 to 79 percent in 2019/20 and in urban areas from 77 percent in 2012/13 to 100 percent in 2019/20². The ministry of water and Environment (2015) estimates that about 35% and 25% of Uganda’s rural population don’t have access to safe water and sanitation respectively. There are also disparity between districts, regions and populations including PWDs and the elderly (60 years above).

UNICEF (2014) estimates that about 1.4 million Ugandan children with disability don’t have access to safe water and sanitation³ while the Uganda National Council for Disability estimates that over 5 million PWDs don’t have access to basic social services including water and sanitation. The Ministry of Water and Environment, Sector Performance Report (SPR) also don’t report both water and sanitation access for both elderly and PWDs under equity and inclusion indicators. There are also no deliberate attempts from Government, WASH Civil Society organizations (CSOs) and Development Partners (DP) to address this inclusion and equity challenge in the country.

The project trained 50 community masons to construct two hundred and fifty (250) -2,000 litre Rain Water Harvesting Jars (RWHJ), 250-two stance VIP latrines with a bath shelter, support guards, raised seats tailored to PWDS and elderly, 250 tippy taps and 250 dish racks. These facilities have improved access to WASH services to over 250 PWDs and elderly households, serving over 1,250 people directly and about 106 households (500 people) for water from the PWDs and elderly tanks during rainy seasons and about 5,917 households (27,813) people with sanitation and hygiene promotion services.

Description of the Case Study – Approach or technology

The Wakiso Health Improvement Project is a three year (2013-2016) WASH access improvement

¹National Population and Housing Census, 2014

²Second National Development Plan 2015/16 – 2019/20

³Situational Analysis on the Rights of Children with Disabilities in Uganda, UNICEF 2014

intervention for PWDs and elderly targeting two Sub-counties of Namayumba and Kakiri of Wakiso District in central Uganda. Wakiso District is the most populous district in Uganda with about 2 million people of which over 84,000 people are elderly persons and 120,000 PWDs¹. The recent SPR (2015) estimates that about 62% and 71% of the district population have access to safe water and sanitation respectively though with some disparities between sub-counties and key populations including PWDs and elderly who are the most affected with this lack of access.

The project was implemented by Voluntary Action for Development (VAD) a local NGO founded in 1996 with her core business in promotion of water and sanitation with financial support from AidLink (An Irish Development Agency). The project adopted a community based support system working through already existing community structures to promote access to WASH services for the elderly and PWDs. The project is conceptualised on the community support where able bodied members of the community come together to support those who can’t support themselves and putting the community at risk of WASH related diseases through poor sanitation and hygiene.

The project started with a community mobilisation meeting to sensitize the community about the dangers of open defecation, safe water chain, and wastemanagement, hand washing, personal hygiene including menstruation hygiene. During the sensitization, the elderly and PWDs were identified as key groups contributing to major contamination through poor sanitation and hygiene including Open Defecation (OD).

The community agreed on key action points including household sanitation and hygiene improvement through participatory hygiene and sanitation transformation (PHAST) as well as supporting the elderly and PWDs with sanitation and hygiene facilities at household level to stop OD. On achievement of 100% sanitation coverage and Open Defecation Free (ODF) status the community was rewarded with a water source.

To promote hygiene and sanitation improvement at community level, the project trained community monitoring teams (CMTs) five at each village to promote and monitor hygiene and sanitation promotion. The CMTs were supported with PHAST tools, WASH monitoring logbooks where they record monitoring data including households which have constructed, latrines, drying racks, bathe shelters, observing a safe water chain and hand washing to mention. The CMTs were also supported with a bicycle to help in transportation during WASH promotion and monitoring. The monitoring data was submitted to both VAD and the District through the District Water Office and to the MWE, SPR and the NGO SPR.

To improve access to WASH services for the elderly and PWDs, the project trained community masons and equipped them with tools to construct appropriate latrine facility [with an access ramp, support guards, raised seats and wide size-stance to allow turning of a wheel chair], drying rack, bath shelter and 2,000 litre water jar with a First Flush Device (FFD). The project during construction provided all the cement, iron bars, doors, iron sheets, bricks, gutters, fittings and subsidised the labour cost for construction. The community through the CMTs mobilized local materials to construct the drying racks, Hand Washing Facilities (HWFs) and food for the masons during construction. The CMTs and the community also constructed the drying racks, tippy taps and refuse pits. The beneficiaries (PWDs and elderly) provided a roof catchment, food for the labours and accommodation where possible.

Results:

To date the project has constructed 250 two-stance latrines with a bath shelter, support guards, access lamp and a raised seat, 250 -2,000 litre RWHJs fitted with a FFD, 250 HWFs, 250 drying racks, trained and equipped 50 community masons, trained and equipped 250 CMT members to promote sanitation and hygiene improvement at house hold level.

Beneficiaries:

Beneficiary category	Numbers reached		
	Male	Female	Total
<i>Direct beneficiaries [250 households]</i>			
Persons with disabilities (PWDs)	65	73	138
Elderly (60 years and above)	52	60	112
Children (1-17 years)	278	325	603
Adults (18-59 years)	179	218	397
<i>Indirect beneficiaries for water [106 households]</i>	235	265	500
Direct beneficiaries for sanitation and hygiene promotion [5917 HHs]	13,072	14,741	27,813
Totals	13,881	15,682	29,563

Sustainability

The locally trained community masons and CMTs will continue to construct, undertake operation and maintenance of sanitation facilities as well as sanitation and hygiene promotion since they are located in the target community and likely not to leave. Community ownership and contribution: Local materials including labour to construct WASH facilities were mobilised through community initiatives and readily available in the community which is likely to sustain the facilities for the elderly and PWDs.

Challenges:

The success of the intervention is highly dependent on the spirit of voluntarism especially for the masons and the CMTs who contribute most of the labour to the project. There is a fear that in future their efforts regarding WASH promotion and monitoring may go down. The project was only able to support a few PWDs and elderly compared to the high number in the district due to limited resources hence leaving many others with limited or no access to WASH services. Further still, for PWDs and elderly to benefit from the project had to have a roof catchment which can support rain water harvesting which made many of them miss out.

Impact and lessons learnt

The project has raised awareness of the equity and inclusion challenges faced by PWDs and elderly in accessing WASH services through the National and NGO SPR where a case study about the project has been documented and plans are underway to present it as a recommendation to the National Joint sector Review meeting later this year. There has been improved health and dignity for PWDs and elderly through access to appropriate WASH services at household level and at community level due to reduced OD practices.

Conclusions and Recommendations

If Uganda and Africa in general is to achieve National Development Plan goals for WASH and the Sustainable Development Goals for WASH [water and sanitation for everyone and everywhere], there is need to adopt inclusive planning, approaches and technologies like RWHJ and tailored PWDs latrines to bring services to people who can't move a distance and often excluded from WASH service delivery.

References

- 1) Government of Uganda (2014), National Population and Housing Census, Final report
- 2) UNICEF (2014), Situational Analysis on the Rights of Children with Disabilities in Uganda
- 3) Government of Uganda (2016), Second National Development Plan 2015/16 – 2019/20
- 4) Uganda National Council for Disability (2015), State of disability in Uganda.

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