



## Identifying barriers to inclusion in WASH

Barriers faced by persons living with disabilities in accessing water, sanitation and hygiene services in Tarkwa Nsuaem Municipal Assembly, Ghana

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# 1. Introduction

The Transforming our World: the 2030 Agenda for Sustainable Development resolution includes a declaration which states that *'As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first.'*

Improved water resource management and access to water and sanitation for all is essential in eradicating poverty, building peaceful and prosperous societies, and ensuring that 'no one is left behind' on the path towards sustainable development. In order to ensure that social inclusion is properly addressed, programmes need to be designed, implemented and monitored to enhance the understanding on who does and does not have access to WASH services, who uses and benefits from the programmes, and the impact of the programmes on substantive equality and inclusion.

A strong civil society is essential to improving WASH/IWRM governance and management, which remains a challenge in achieving universal access to sustainable service. Strengthening civil society organizations (CSOs) through evidence-based lobby and advocacy is therefore critical for achieving the Sustainable Development Goals (SDGs) for water, sanitation and hygiene (WASH).

The Watershed – 'Empowering Citizens' project is a strategic partnership between the Dutch Ministry of Foreign Affairs and IRC, Simavi, Wetlands International and Akvo. The aim of the project is to support CSOs to lobby and advocate for improvements in the governance and management of water, sanitation and hygiene (WASH) as well as water resources management (WRM) services.

In the last 5 years, the Watershed Ghana partnership – IRC Ghana, Coalition of NGOs in Water and Sanitation (CONIWAS), Hope for Future Generation (HFFG), Conservation Foundation (CF) and the Ghana WATSAN Journalist Network (GWJN) – have worked to improve WASH services and sustain water resources through evidence-based advocacy and strengthened capacity of local civil society organizations.

## 1.1. BACKGROUND

One billion people, or 15% of the world's population, experience some form of disability, and disability prevalence is higher in developing countries. One-fifth of the estimated global total, or between 110 million and 190 million people, experience significant disabilities. Persons with disabilities are more likely to experience adverse socio-economic outcomes such as less education, poorer health outcomes, lower levels of employment, and higher poverty rates.

In Africa, Disabled World estimates that about 60–80 million people are living with a disability. Data from four countries in sub-Saharan Africa found that only 17% to 37% receive the assistive devices they need such as wheelchairs, artificial limbs/prostheses, and hearing aids, for everyday life and to meaningfully participate and contribute.

According to the Ghana Statistical Service (2014), the sex composition of people living with a disability (PWD) in Ghana is as follows: 3% of Ghanaians are classified as PWD. The percentage of female PWD (3.1%) is slightly higher than males (2.9%). There are more PWD in rural areas compared to urban centres.

### Framing

Lack of access to WASH is not only a technical issue. Fundamentally, a lack of access is a result of poverty, inequality, and unequal power relationships (Human Development Report, 2006).

### Exclusion

'A state in which individuals are unable to participate fully in different aspects of life as well as in the process leading to and sustaining such a state.'

This brief looks at how improved knowledge and skills in social inclusion are improving the capacity to identify excluded persons and advocate for WASH interventions to be accessible to all persons, especially for people living with a disability.

## **1.2. METHODOLOGY**

The study involved the use of both primary and secondary data and resources on social inclusion. It also builds on the training provided by Simavi in January 2020 and the subsequent implementation of the action plan in Tarkwa Nsuaem Municipal Assembly by Hope for Future Generations (HFFG), a local Watershed: Empowering Citizens programme implementing partner in Ghana.

The secondary data gathering, and analysis relied on collating government data on people living with disabilities and vulnerable groups. Based on the available data, HFFG conducted a survey among the PWD registered association at Tarkwa. The objective was to understand barriers to accessing water, sanitation, and hygiene (WASH) for PWD.

HFFG used Akvo Flow – an online tool for data collection – and Akvo Lumen for data analysis. The questionnaire covered access to toilets, water, and handwashing facilities. In addition to the data collection, HFFG also conducted community meetings as part of the community engagement activities to understand the category of persons who did not take part in discussions in the community around WASH and tried to find reasons for their non-involvement.

## **1.3. STUDY LIMITATIONS**

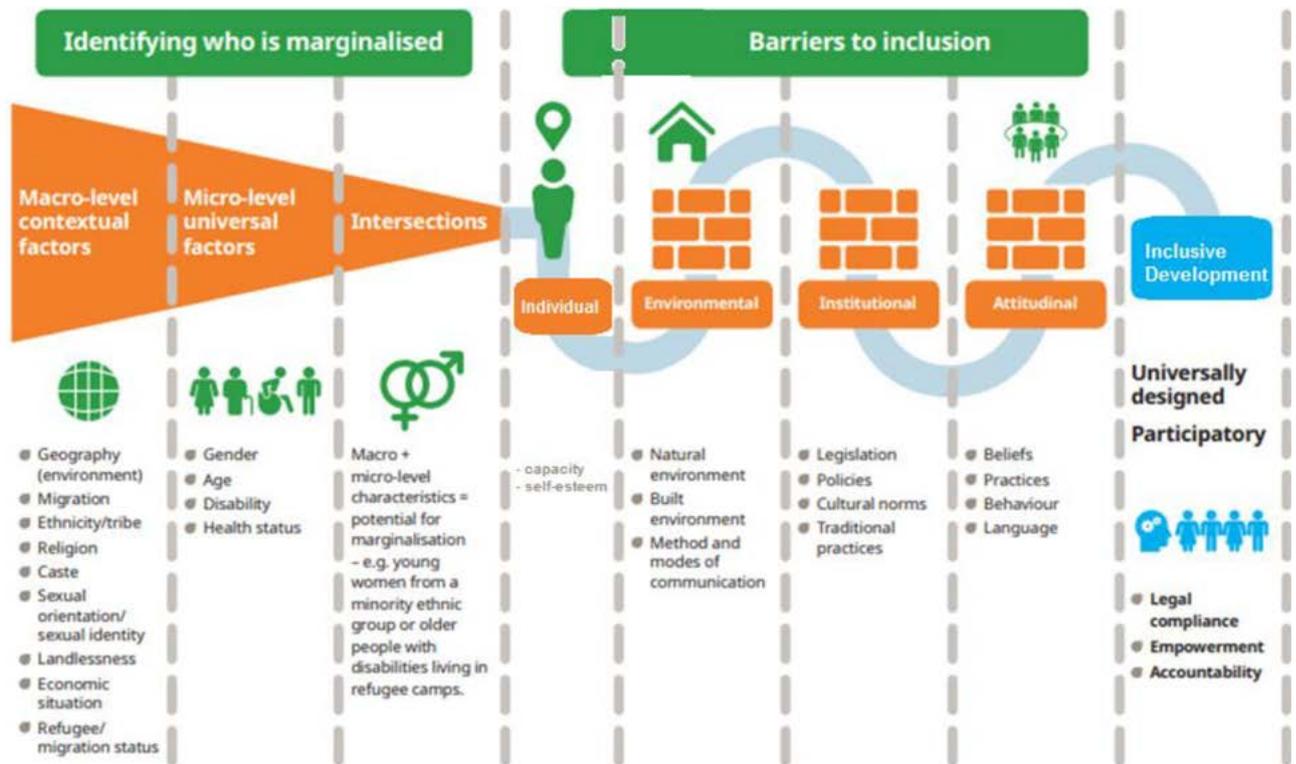
The survey was delayed by the incidence of the Covid-19 pandemic and could only be carried out after the restrictions on movement and social gathering had been eased. The delays meant that findings, though central to the Watershed programme, could only be used for a limited time before the project ended.

Although the Watershed programme was implemented in 15 communities within Tarkwa Nsuaem Municipality, the survey sampled respondents from 26 communities across the Municipality.

## 2. Key findings



# The Marginalisation Framework



**Figure 1: The Marginalisation Framework**

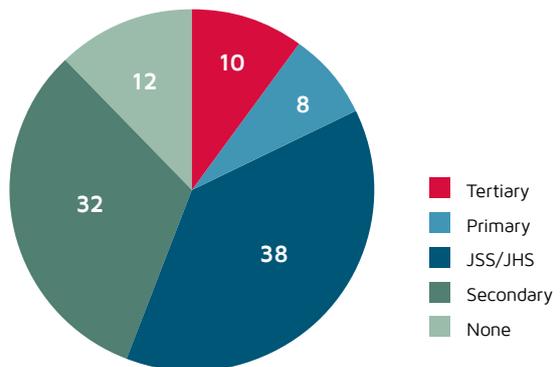
Source [used by Simavi] - Wateraid publication (page 24): <https://washmatters.wateraid.org/publications/equality-non-discrimination-and-inclusion-toolkit>

Using the Marginalisation Framework (see Figure 1) to inform the analysis, the survey generated insights on barriers faced by people living with a disability.

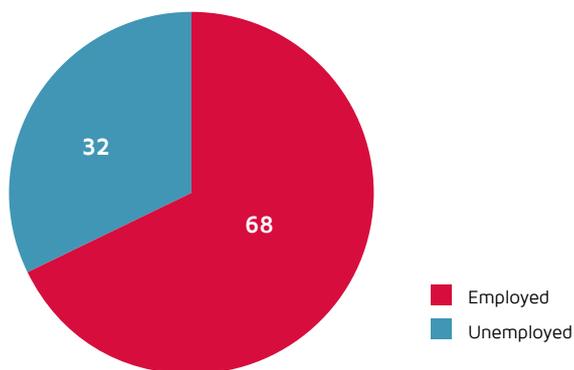
### 2.1. IDENTIFYING WHO IS MARGINALISED

The survey was focused on people living with a disability and they were identified through the PWD registered association at Tarkwa. Forty people living with a disability in Tarkwa Municipal Area were sampled using simple random sampling and data collected on water, sanitation, and hygiene. The findings of the survey revealed that 55% of the respondents were male and 45% were female.

**Chart 1: Educational Status**

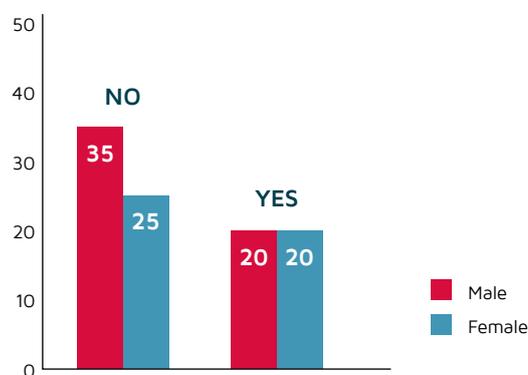


**Chart 2: Employment status**

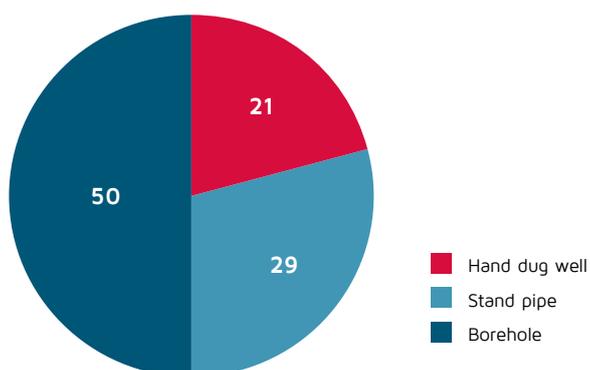


Of these, 65% of the respondents were aged between 41 and 60 years, 25% aged above 61 years, and 10% aged between 21 and 40 years. Forty-six per cent of the respondents had up to basic education, 32% had up to secondary education, 10% had up to tertiary education and 12% had no education. The survey revealed that 68% of the respondents were employed with 96% of them working in the private sector/ self-employed. See details in Charts 1 and 2.

**Chart 3: Access to Water on Premises**

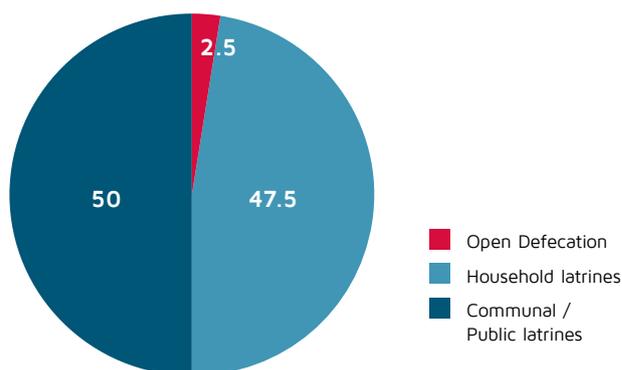


**Chart 4: Access to Basic or Limited Water Services**

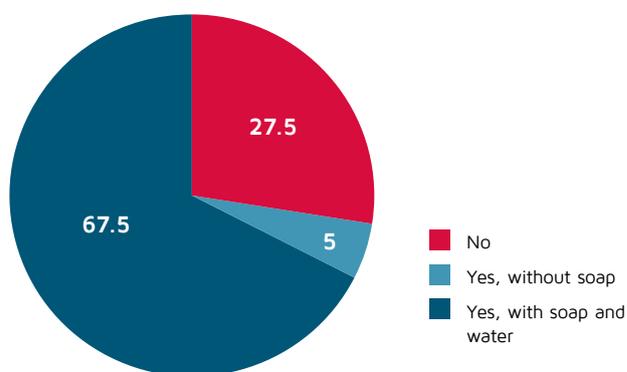


In measuring their access to water services, 40% had access to water on premises while 60% had access to basic or limited water services. Of those with access to basic services, 21% obtained water from hand dug wells, 29% from standpipes, and 50% from boreholes. Charts 3 and 4 show further details.

**Chart 5: Access to Toilet / Latrine**



**Chart 6: Access to Handwashing Facility**



About 50% of the respondents relied on shared/communal toilets/latrines, 47% had access to household toilets/latrines, and about 2% practice open defecation. Over a third of the respondents had access to a handwashing facility with soap and water, 27% without soap and 5% did not practise handwashing. See details in Chart 5 and 6.

## 2.2. BARRIERS TO INCLUSION

The survey set out to understand the challenges facing people living with a disability in accessing water, sanitation, and hygiene and some of the key findings were as follows.

### Environmental Barriers

As stated in the previous section, up to 60% of the respondents did not have water on premises and had to rely on shared facilities within the community. Of these, 50% relied on boreholes with hand pumps and on communal/public latrines.

The findings indicate that the locations of the facilities virtually make it impossible for some categories of persons with a disability to access the WASH facilities. The survey revealed that over 50% of the respondents have challenges in accessing the available toilet facilities and water points. Forty-four per cent of the respondents indicated that the water facilities were either too far from their houses or that they could not operate the facilities independently. To get services from the communal facilities the respondents relied on relatives or paid others to get them water (see Chart 7).

Chart 7: Who collects water for you?

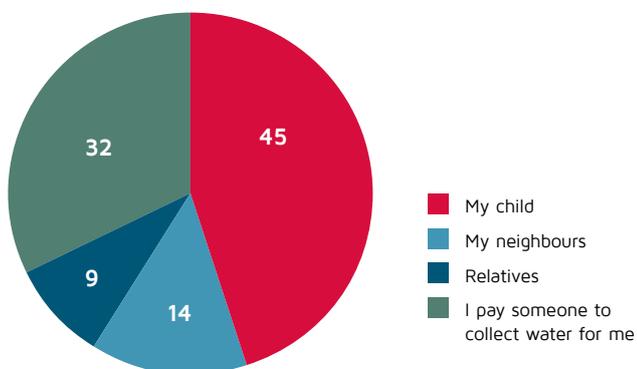
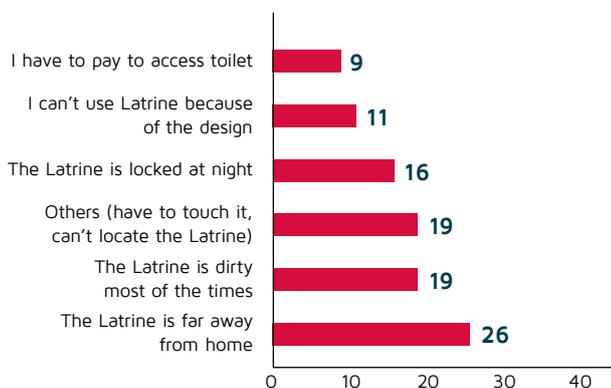


Chart 8: Challenges in accessing communal latrines



<sup>1</sup> In Ghana, durbar is used to describe a formal community meeting (festivals funerals, formal meetings etc). Durbar grounds are spaces used for the events.

The design of these facilities and the height at which WASH facilities are mounted, especially handwashing facilities, at public facilities totally exclude some categories of PWD from access (see Chart 8).

The community level discussion further revealed that PWD were not always invited to the meetings, hence their needs were rarely taken into consideration at community meetings. The community opinion leaders stated that Community Durbar<sup>1</sup> [Durbar grounds are spaces used for the events.] grounds and community toilets are assumed to be accessible to all, but later admitted that the aged, physically challenged and people with some form of impairment may not be able to access them at all.

### Institutional Barriers

Some of the forms of exclusion were rooted in policies and guidelines. In the rural water subsector, the facilities provided are determined by the standards in place such as those for communities with populations of up to 300. These communities are provided with a borehole with a hand pump, while larger populations and urban communities are provided with limited mechanised systems or piped schemes with public standpipes.

Toilet options for rural communities are usually ventilated improved systems and are shared/communal facilities. The Community Led Total Sanitation (CLTS) initiatives offer a range of facilities for households to choose from. However, some of the options are not robust or user friendly for people living with disabilities.

Many of the standard designs and technologies in place for WASH do not take PWDs into consideration, hence it is difficult for some categories of people with a disability to access these facilities.

### Attitudinal Barriers

Many of the public gatherings and consultations in the communities do not make provisions for those with speaking or hearing impairments, invariably excluding them from making their voices heard.

In many of the communities, people living with mental disabilities were excluded from the decision-making process and sometimes from access to the communal facilities. Members of the community suspected that this meant that they practised open defecation.

# Conclusions and recommendations

The study findings, despite the limited sample size of people living with disabilities, make it clear that in order to leave no one behind, decision makers and service providers need to examine common beliefs in measuring access to services.

- a) **There should be an intentional process to identify those who are marginalised.** This study focused on people living with a disability, but those excluded from services are likely to extend more widely to other vulnerable individuals or groups. In the Tarkwa Nsuaem Municipal Assembly, this meant gaining access to identified national groups, validating the list with the communities, and building on them. Enumerators with sign language skills were included in carrying out the survey. The focal persons (Water Engineer, Environmental Health Assistant, Social Welfare Officer, Community Development Officers etc.) in the Metropolitan Municipal, and District Assemblies must engage PWD groups to understand their WASH needs for inclusion, starting from the facility design stage.
- b) **Check assumptions and generic measurements.** The study sheds light on the fact that the presence of WASH facilities in communities alone does not guarantee that people living with a disability have access to these services. Including them in the design and decision-making process as well as the implementation stages of projects and interventions can help improve the service levels for people living with disabilities.
- c) **Re-examine standards and guidelines which entrench systemic barriers to inclusion.** The findings indicate that people living with disabilities do not benefit fully from WASH delivery due to the design and management of the facilities at the community level. The Government and civil society organisations need to challenge existing statutes which lead to exclusion and work collectively to remove these barriers.
- d) **Increase awareness and training for the Government staff, civil society organisations and community members to remove the barriers to inclusion in WASH services.** Bodies such as the Metropolitan, Municipal, and District Assembly WASH teams and the Community Water and Sanitation Committees need orientation on social inclusion to ensure no one is left behind and that the location and the designs for WASH services serve all.

Even though this study was carried out in the final year of the Watershed Programme in Ghana, the lessons are driving the CSOs' programming beyond the project. The partners have shared the general principles and findings in this paper with the sector during the Watershed end of project event. Further, IRC Ghana, CONIWAS and HFFG shared them at the Mole XXXI event<sup>2</sup> in Ghana in November 2020. HFFG will also use the findings in the TV discussion on inclusion under the Watershed Legacy Challenge fund activities. Watershed Ghana partners have committed to continue to build on the learning within the programmes in their organisations.

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2 [Mole Conference is an annual CSO conference on WASH organised by the Coalition of NGOs in Water and Sanitation \(CONIWAS\). This 2020 event was the 31st in the series](#)

# References

1. The World Bank, 2020. 'Including Persons with Disabilities in Water Sector Operations: A Guidance Note', <https://openknowledge.worldbank.org/handle/10986/27542>. Retrieved 30 September 2020.
2. Ghana Statistical Service, 2010. 'Disability in Ghana', <https://www2.statsghana.gov.gh/docfiles/2010phc/Mono/Disability%20in%20Ghana.pdf>. Retrieved 30 September 2020.
3. Simavi, 2020. 'Gender and Social Inclusion', workshop presentation (unpublished).
4. WHO Africa/Health Topic/ Disabilities. <https://www.afro.who.int/health-topics/disabilities>; <https://www.disabled-world.com/news/africa/>. Retrieved 30 September 2020.

## Watershed Ghana partners



Ghana Coalition of NGOs in the  
Water and Sanitation Sector  
**The Voice for WASH**



