



# ***“PRACTICAL GUIDE FOR DISABILITY MAINSTREAMING IN WASH”***





## **Disclaimer**

This document was commissioned by UPHLS to support the actors in WASH sector in disability mainstreaming; but the ideas, proposals, interpretations, and conclusions expressed in this document are entirely those of the authors and should not be attributed in any manner to Board of Directors, its affiliated organizations, or to any other entity.



## Foreword

According to the UNCRPD, disability is the result of the interaction between persons with disabilities and the environmental, behavioural barriers that hinder full and effective participation in society on an equal consideration with others. Persons with disabilities have physical, social and environmental and institutional limitations to the access to WASH services like any other citizens.

WASH services are among the basic services that should be available and accessible to all persons. Inaccessibility and lack of consideration of universal designs when dealing with WASH technologies are the main reason for low utilization of WASH services. The consequences could be detrimental to persons, families, communities and nations.

This guide has been commissioned by the Umbrella of Organizations of Persons with disabilities in the fight against HIV/AIDS and for Health Promotion under the financial support of the DRF (Disability Right Funds). It intends to provide guidelines for the accessible WASH service provision to persons with disabilities in Rwanda. The main objective is to provide guidance to WASH service providers responsible on how to accommodate the needs of persons with disabilities in WASH sector.

I thank all organizations for their helpful participation in the design and development of this guide. I urge all public, private, development partners and WASH service providers to consider and apply this guide in their plans and guidelines; we trust that all efforts will help in disability inclusion in WASH services.

KARANGWA François Xavier

Executive Director

UPHLS

## **Acknowledgement**

It has been a pleasure to work with different personnel from the National Council of Persons with disabilities, Water for People, Association Générale des Handicapées au Rwanda, World Vision and Rwanda Union of the Blind and others who provided a lot of information and expertise in WASH and disability mainstreaming; and participated in the whole process of developing this important document.

We are very grateful to the Disability Right Fund for their financial support they are providing to UPHLS through the preparation and implementation of projects that target disability mainstreaming into Water, Sanitation and Hygiene in Rwanda.

Finally, we greatly appreciate the support of Organizations of Persons with Disabilities who provided the best of their team. Many thanks go to all of you who gave time and participated in development of this document since the design process, literature review, discussions, proposed strategies to remedy the situation, etc. We hope that, by listening to your voices and words, this guide will bring positive changes in the lives of persons with disabilities.

Blaise Shyirambere, Gabriel Kayumba, Alphonsine Uwingabire and Alexis Uyisabye (authors)

## Executive summary

Approximately 15 per cent of people have some kind of disability worldwide<sup>1</sup>, and in Rwanda the total number of Persons with Disabilities in Rwanda is 446,453<sup>2</sup>.

The Convention on the Rights of Persons with Disabilities states that signatories will take measures ‘to ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs.’ Available, sustainable and equitable water, sanitation and hygiene (WASH) for all is also reflected in the Sustainable Development Goals. For Rwanda, the National strategy for transformation focuses on sustained food security and quality nutrition, universal access to water and modern sanitation.

To achieve universal and sustained access to WASH, programs must overcome barriers faced by persons with disabilities and be disability inclusive to achieve the basic human right to water and sanitation, reach the most vulnerable, and set the tone for inclusion of persons with disabilities.

This guide focus specifically on persons with disabilities because they are at risk of being marginalized or excluded from WASH initiatives. A major barrier to inclusive WASH remains the limited knowledge on disability, lack of communication and partnership between the WASH and disability sectors, at the institutional, organizational and individual levels.

The following guide reflects on the current policies on WASH and their implementation, the disability legal framework, key terms and words used in WASH and disability. The guide highlights also the matrix of some services and products provided, challenges and gaps identified and proposed recommendations for the promotion of inclusion and accessibility for Persons with Disabilities. It gives the orientation to development partners, managers, planners and other service providers on how to mainstream disability in WASH services.

---

1 Word report on disability, WHO and World Bank, 2011

2 Socio-economic characteristics of persons with disabilities, Thematic report, 4<sup>th</sup> Population and Housing Census, Rwanda, 2012

## Contents

Foreword .....	5
Acknowledgement .....	6
Executive summary .....	7
Abbreviation / Acronyms .....	9
Background .....	10
Chapter I: Introduction .....	12
Purpose, targeted audience and use of this guide .....	12
Understanding disability .....	13
Definition of key words and concepts.....	13
Mainstreaming disability .....	14
Water and Sanitation Services .....	15
Sanitation and Hygiene .....	16
Chapter II: Disability mainstreaming in WASH related Policies .....	20
Chapter III: Disability mainstreaming in service provision .....	22
References .....	29



## Abbreviation / Acronyms

<b>CRPD:</b>	Convention on the rights of Persons with disabilities
<b>DPOs:</b>	Disability People Organizations
<b>ECOSOC:</b>	Economic and Social Council
<b>MININFRA:</b>	Ministry of Infrastructure
<b>MININFOR:</b>	Ministry of Information
<b>NST:</b>	National Strategy for Transformation
<b>NWSP:</b>	National Water Supply Policy
<b>SDGs:</b>	Sustainable Development Goals
<b>PWDs:</b>	Persons with disabilities
<b>UN:</b>	United Nations
<b>UPHLS:</b>	Umbrella of Organizations of Persons with disabilities in the fight against HIV&AIDS and for Health promotion
<b>WASAC:</b>	Water and Sanitation Corporation
<b>WASH:</b>	Water Sanitation and Hygiene
<b>WHO:</b>	World Health Organization
<b>WSS:</b>	Water Supply and Sanitation

## Background

There are around 785 (15.6% according to the World Health Survey) to 975 (19.4% according to the Global Burden of Disease) million persons 15 years and older living with disability, based on 2010 population estimates (6.9 billion with 1.86 billion under 15 years). Of these, the World Health Survey estimates that 110 million people (2.2%) have very significant difficulties in functioning while the Global Burden of Disease estimates 190 million (3.8%) have “severe disability” – the equivalent of disability inferred for conditions such as quadriplegia, severe depression, or blindness. Including children, over a billion people (or about 15% of the world’s population) were estimated to be living with disability<sup>3</sup>.

Overall, 446,453 persons with disabilities aged 5 and above (equivalent to 5% of the total population of Rwanda) are living in Rwanda according to the 2012 Census, out of which 221,150 are male and 225,303 are female. The count of persons with disabilities by province reflects the geographical distribution of the population in general, with the largest number being found in the Southern Province (122,319) and the lowest in Kigali City (32,170). For the same reason, the number of persons with disabilities is higher in rural areas than in urban areas<sup>4</sup>.

The CRPD under its article 28 stipulates that: States Parties recognize the right of PWDs to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination based on disability. And article 2: States Parties recognize the rights of PWDs to social protection and to the enjoyment of that rights without discrimination based on disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures to ensure equal access by PWDs to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs<sup>5</sup>.

All public administrative organs, private institutions and individuals are obliged, in their capacity, to sensitize the population on environmental problems and to incorporate environmental educational programs into their activity plan.

The State undertakes to put in place through concrete policies, sanitary establishments and hygiene management in buildings and public places, on roadsides and in homes<sup>6</sup>.

Among the key highlighted areas which were considered by the sector stakeholders as key issues to be addressed in the National Water supply Policy we have to develop an effective pro-poor approach: This should be done to ensure that piped water is affordable and that vulnerable groups have access to safe water as payment for water

3 (World report on disability, WHO and World Bank, 2011)

4 Thematic report: Socio-economic characteristics of persons with disabilities.4<sup>th</sup>Population and Housing Census, Rwanda, 2012

5 (UNCRPD, 2006)

6 Article 42 and 49 of the Organic Law N° 04/2005 of 08/04/2005 Determining the Modalities of Protection, Conservation and Promotion of the Environment in Rwanda

becomes mandatory. This should include aspects such as clear definition of policy measures in favour of the poor, vulnerable and disabled<sup>7</sup>.

Under objective 1 of the National Sanitation Policy that is to raise and sustain household sanitation coverage to 100 per cent by 2020, Modern individual sanitation shall be designed and made available and affordable to the households and operated by them in order to provide affordable and high standings of services. The development of the modern individual sanitation shall take into account disabled people. And objective 2 of that strategy that is to implement improved sanitation for schools, health facilities and other public institutions and locations; Sanitary facilities of public institutions, in particular schools and health centres, shall demonstrate a clear exemplary function for the population. Well-built public toilets meeting norms and standards and convenient to disabled people in places of high frequencies such as markets shall allow promoting public health and lowering risks of diseases<sup>8</sup>.

To extend water supply services for schools, health facilities and other public places to 100 per cent, MININFRA will continue to partner with the ministries in charge of education and health as well as other sectors to undertake an assessment of water supply and demand through: (1) observing current water use; (2) examining the condition of existing facilities; and (3) identifying appropriate water supply technologies. Well-built public water supply infrastructure and facilities and those that meet norms and standards and are convenient for disabled people in places of high frequencies, such as markets, car parks and local administrative offices shall allow promotion of public health and lower the risks for diseases<sup>9</sup>.

For public hygiene, the constitution entitles every citizen the right to a healthy environment with his or her duty to safeguard it. This principle is a basis for empowering local administrative and political entities to manage their own development. Decentralization therefore provides the means through which to ensure equitable access to environmental health services through active participation by all Rwandans<sup>10</sup>.

For social inclusion, Water Supply sub-sector development implies social responsibility, as access to safe water and basic sanitation concerns human rights and affects the living conditions of all. The WSS sector will endeavour that all population groups, including vulnerable households, children, elderly and disabled persons benefit from its interventions. This implies that due attention is given to the aspect of affordability and that the specific needs of these disadvantaged population groups are taken into account<sup>11</sup>.

---

7 National Water supply Policy, MININFRA, 2016

8 National Sanitation Policy, MININFRA, 2016

9 National Water supply Policy, MININFRA, 2016

10 Environmental Health Policy, Ministry of Health, Rwanda, 2008

11 National Water supply Policy, MININFRA, 2016

## Chapter I: Introduction

It's the right of everyone to have access to safe and affordable drinking water. That's the goal for 2030. While many people take clean drinking water and sanitation for granted, many others don't. Water scarcity affects more than 40 percent of people around the world, and that number is projected to go even higher because of climate change. If we continue the path we're on, by 2050 at least one in four people are likely to be affected by recurring water shortages and persons with disabilities are the most affected. But we can take a new path—more international cooperation, protecting wetlands and rivers, sharing water-treatment technologies—that leads to accomplishing this Goal<sup>12</sup>.

People living in poverty are at risk of acquiring a disability, because poverty and the associated lack of access to health care, clean water and safe living conditions may cause health issues and impairments. Persons with disabilities and their families are more likely to be poor, as they often face additional costs, such as paying for more frequent health care, rehabilitation, assistive devices and costlier transportation options and hence limiting their buying power to basic public services including clean water and safe sanitation<sup>13</sup>.

In order to ensure High Quality and Standards of Life by Moving beyond meeting basic needs and ensuring a high standard of living to transform the lives of households and individuals, Rwanda NST focuses on a Sustained food security and quality nutrition, universal access to water and modern sanitation as key priorities<sup>14</sup>.

### *Purpose, targeted audience and use of this guide*

The purpose of this Guide is to create a consistent understanding of key disability inclusion principles and practices; provide advice on how to mainstream disability in WASH related policies, programs and services; and help policy makers, planners, coordinators, monitoring and evaluation teams, services providers to operationalize commitments under the Convention on the Rights of Persons with Disabilities, National Water Supply Policy and National Sanitation Policy.

Policy makers, planners, coordinators, monitoring and evaluation teams, services providers should use this guide to:

- Gain a better understand of disability and have clarity on the inclusion principles and practices.
- Understand better how to identify, interact with and assist persons with different types of disabilities.
- Identify entry points for disability mainstreaming at all stages of the service provision.

---

12 Sustainable development goals – Goal 6: Clean water and sanitation, 2015

13 Disability and poverty: A survey of World Bank Poverty Assessments and implications. Jeanine Braithwaite and Daniel Mont, 2007

14 National Strategy for Transformation, 2017

This Guide provides information about approaches to disability inclusion within WASH sector in Rwanda. This document provides tools that can be used to identify the particular service provision needs of persons with disabilities, WASH context, and actors can apply the principles and recommendations in this document to develop specific project and program level actions to further enhance the inclusion of persons with disabilities in WASH programs and services.

### ***Understanding disability***

Article 1 of the CRPD stipulates that “*Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers hinder their full participation in society on an equal basis with others.*” While “disability” is often equated to “impairment”, there is in fact a distinction between these concepts. The CRPD definition considers disability not simply as a health condition or impairment in isolation, but as the interaction of a person’s impairment along with the barriers in their environment that together leads to a situation in which their full and equal participation in society is hindered.

### ***Definition of key words and concepts***

#### **Disability:**

A disability is the result of interactions of individual impairments they be physical, sensory, mental, intellectual and or psychosocial with the environmental barriers: Physical, attitudinal, social and institutional barriers.

#### **Impairment:**

Impairment is used to refer to the people who have lost some organs of their body parts such as arms, legs, eyes and have limitation in regard to WASH services. Impairment is here defined as any temporary or permanent loss or abnormality of a body structure or function, whether physiological or psychological<sup>15</sup>.

#### **Accessibility:**

Accessibility refers to facilities, physical environment, transportation, to information and communications, including information and communications technologies and systems that enable persons with disabilities to live independently and participate fully in all aspects of life.

#### **Communication:**

Communication includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means

and formats of communication, including accessible information and communication technology.

### **Language:**

Language includes spoken and signed languages and other forms of non-spoken languages;

### **Discrimination:**

Discrimination on the basis of disability means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

### **Toolkit:**

A set or collection of tools, supplies, instructional matter, etc., for a specific purpose:

### ***Mainstreaming disability***

Why mainstreaming?

- PWDs have normal needs, not special needs as it was considered previously where the idea was that PWDs are different, need directly medical and specific interventions;
- Implication of social model of disability: if society disables, then the answer is to remove barriers and include PWDs;
- Distinction from targeted or special services, which might be stigmatising, segregating, expensive with limited reach;
- Participation reduces negative attitudes, cheaper, more sustainable, does not require diagnosis / PWDs to self-identify

As borrowed from UN ECOSOC paper on gender, but substituting disability: “Mainstreaming disability is the process of assessing the implications for PWDs of any planned action, including legislation, policies and programmes, in all areas and at all levels<sup>16</sup>.”

---

16 Mainstreaming disability in health and development, 2011, WHO

Disability mainstreaming is the inclusion of PWDs or the inclusion of a disability perspective in development. It aims at helping to eliminate barriers, promote equality and prevent discrimination so that persons with and without disabilities can benefit equally from development measures and interventions. Mainstreaming should not be seen as an end but rather as a process to achieve equality. It should be reflected across all sectors. A cooperation with disabled people's organisations (DPOs) as a way to build capacities and to monitor and evaluate the participation of PWDs has been proven efficient in the past<sup>17</sup>.

## ***Water and Sanitation Services***

### **Drinking Water**

SDG 6, the target 6.1 is to achieve universal and equitable access to safe and affordable drinking water for all by 2030.<sup>18</sup>

<b>Description of the text</b>	<b>Normative interpretation</b>
6.1 By 2030, achieve <b>universal</b>	Implies all exposure and settings including households, schools, health-care facilities and workplaces
and <b>equitable</b>	Implies progressive reduction and elimination of inequalities among population subgroups
<b>access</b>	Implies sufficient water to meet domestic needs is reliably available close to home
to <b>safe</b> ,	Safe drinking water is free from pathogens and elevated levels of toxic chemicals at all times
and <b>affordable</b>	Payment for services does not present a barrier to access to or prevent people from meeting basic human needs
<b>drinking water</b>	Water used for drinking, cooking, food preparation and personal hygiene
<b>for all</b>	Suitable for use by men, women, girls and boys of all ages, including people with disabilities

### **Drinking water indicators**

The key proposed indicator for the SDGs is indicator 6.1.1: “percentage of population using safely managed drinking water services”.

<sup>17</sup> Disability Mainstreaming Practical Information and Advice, 2016, Austrian Development Cooperation

<sup>18</sup> [https://www.pseau.org/outils/ouvrages/ps\\_eau\\_wash\\_services\\_sdgs\\_2016\\_october2.pdf](https://www.pseau.org/outils/ouvrages/ps_eau_wash_services_sdgs_2016_october2.pdf)

It includes four criteria:

- an improved water source (using the MDG indicator definition of “improved”: for instance, piped water into dwellings, yards or plots; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs and rainwater)
- that is located on premises,
- available when needed,
- And is free of fecal and chemical contamination.

The SDGs classify improved facilities into three categories: ‘limited’, ‘basic’ or ‘safely managed’ services.<sup>19</sup>

Domestic drinking water ladder

	In the SDGs	In the MDGs
Safely managed Services	A basic (improved) drinking water source, which is located on premises, available when needed and free of fecal and priority chemical contamination	Improved drinking water source
Basic service	An improved water point provided collection time is no more than 30 minutes for a round trip, including queuing	
Limited service	Drinking water from unprotected dug wells, unprotected springs, carts with small tank/drum, tanker trucks or basic sources with a total collection time of more than 30 minutes for a roundtrip, including queuing	Unimproved drinking water source
No service	Water coming from surface water: river, dam, lake, pond, stream, canal, or irrigation channel	

### *Sanitation and Hygiene*

SDG 6, the target 6.2 is to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations by 2030.

<sup>19</sup> [https://www.pseau.org/outils/ouvrages/ps\\_eau\\_wash\\_services\\_sdgs\\_2016\\_october2.pdf](https://www.pseau.org/outils/ouvrages/ps_eau_wash_services_sdgs_2016_october2.pdf)



Terms Used	Proposed Definition
<i>6.2 By 2030, achieve access</i>	Implies facilities close to home that can be easily reached and used when needed
<i>to adequate</i>	Implies a system that hygienically separates excreta from human contact, as well as safe reuse/treatment of excreta in situ, or safe transport and treatment off site
<i>and equitable</i>	Implies progressive reduction and elimination of inequalities among population sub-groups
<b>sanitation</b>	The provision of facilities and services for safe management and disposal of human urine and feces
<i>and hygiene</i>	The conditions and practices that help maintain health and prevent spread of disease, including hand washing, menstrual hygiene management and food hygiene
<b>for all</b>	Suitable for use by men, women, girls and boys of all ages, including people with disabilities
<i>and end open defecation</i>	Excreta of adults or children are: deposited (directly or after being covered by a layer of earth) in the bush, a field, a beach or any other open area; discharged directly into a drainage channel, river, sea or any other water body; or are wrapped in temporary material and discarded
<i>paying special attention to the needs of women and girls</i>	Implies reducing the burden of water collection and enabling women and girls to manage sanitation and hygiene needs with dignity. Special attention should be given to the needs of women and girls in high-use settings such as schools and workplaces, and high-risk settings such as health-care facilities and detention centers
<i>and those in vulnerable situations</i>	Implies paying attention to specific WASH needs found in special cases including in refugee camps, detention centers, mass gatherings and pilgrimages

### Sanitation monitoring indicator

As with drinking water, sanitation monitoring for target 6.2 is to be disaggregated by service level, both within households and in public places.

The key proposed indicator for the SDGs is indicator 6.2.1: “proportion of population using safely managed sanitation services, including a hand washing facility with soap and water”.

It includes three criteria:

- an improved sanitation facility (using the MDG definition of “improved”, namely flush or pour flush toilets connected to sewerage systems, septic tanks or pit latrines, improved pit latrines (pit latrines with a slab or ventilated pit latrines) and composting toilets)
- that is not shared with other households
- and where excreta is safely disposed of in situ or treated off site,
- And includes a hand washing facility, i.e. a device to contain, transport or regulate the flow of water to facilitate hand washing<sup>20</sup>.

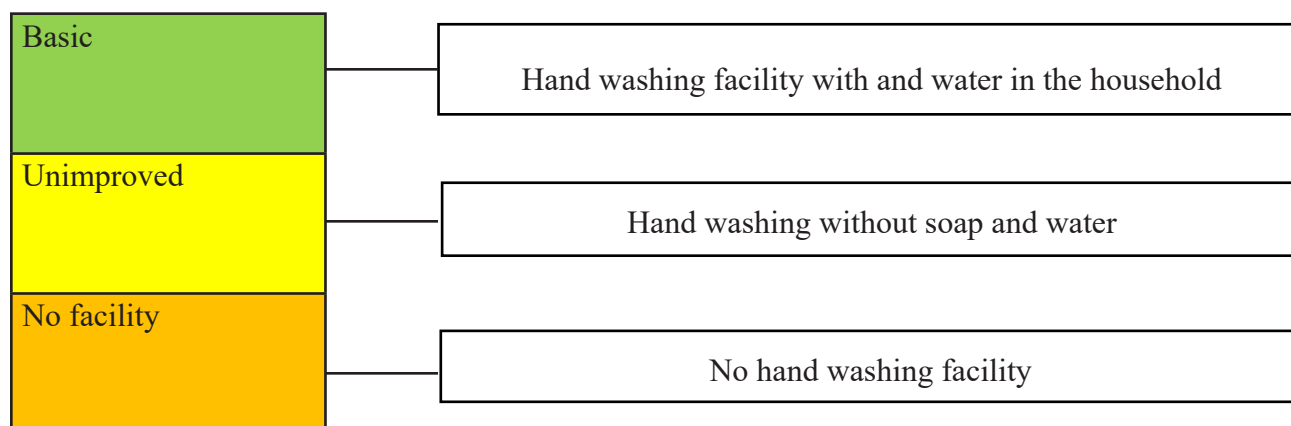
#### Sanitation ladder

	In the SDGs	In the MDGs
Safely managed Services	An improved (basic) sanitation facility that is not shared with other households and where excreta are safely disposed in situ or treated off site and which includes facilities hand washing	Improved facilities
Basic service	Flush/pour flush to piped sewer system, septic tank or pit latrine, ventilated improved pit latrine, composting toilet or pit latrine with slab not shared with other households	
Shared facilities	Sanitation facilities of an otherwise acceptable type shared between two or more households	Unimproved facilities
Unimproved Facilities	Pit latrine without a slab or platform, hanging latrines and bucket latrines	
Open defecation	Human feces disposed of in fields, forest, bushes, open bodies of water, beaches or other open spaces or disposed of with solid waste.	

## **Hygiene monitoring**

The proposed new basic indicator is “percentage of population with hand washing facilities with soap and water at home” and refers to the presence of a device used to contain, transport or regulate the flow of water to facilitate hand washing.

### Hygiene ladder



### ***Legal framework***

- UNCRPD: Established on 15/12/ 2006 and Ratified by Rwanda in 2008: Article 9 (Accessibility), Article 25 (Health).
- Rwanda constitution art 16, 51,139,
- Law n° 01/2007 of 20/01/2007 relating to protection of disabled persons in general,
- Law n°02/2007 of 20/01/2007 relating to the protection of disabled former war combatants,
- Ministerial order n° 01/Cab.M/09 of 27/07/2009 determining the modalities of constructing buildings providing various public services to ease the access of persons with disabilities,
- Ministerial Order N° 01/09/MININFOR of 10/08/2009 determining the modalities of facilitating persons with disabilities in matters relating to communication,
- Rwanda Building Code,

## Chapter II: Disability mainstreaming in WASH related Policies

The policy framework tackles the National sanitation policy and Implementation Strategy, National Water Supply Policy and Implementation Strategy and Sector strategy water and sanitation policy among others. The table below (under title “challenges / gaps in policies and proposed strategies”) illustrates some challenges and the proposed recommendations to ensure PWDs are mainstreamed in Water and sanitation Programs.

Among the key highlighted areas to be addressed in the National Water supply Policy we have to develop an effective pro-poor approach: This should be done to ensure that piped water is affordable and that vulnerable groups have access to safe water as payment for water becomes mandatory. This should include aspects such as clear definition of policy measures in favour of the poor, vulnerable and disabled<sup>21</sup>.

For social inclusion, Water Supply sub-sector development implies social responsibility, as access to safe water and basic sanitation concerns human rights and affects the living conditions of all. The WSS sector will endeavour that all population groups, including vulnerable households, children, elderly and persons with disabilities benefit from its interventions<sup>22</sup>.

In order to ensure High Quality and Standards of Life by Moving beyond meeting basic needs and ensuring a high standard of living to transform the lives of households and individuals, NST1 focuses on a Sustained food security and quality nutrition, universal access to water and modern sanitation<sup>23</sup>.

### Challenges / gaps in policies and proposed strategies

Challenges	Proposed strategies
The Environmental Health Policy, one of the document guiding the promotion of hygiene is not taking into account disability	Disability should be considered as a crosscutting issue in the Environmental Health Policy

---

21 National Water supply Policy, MININFRA, 2016

22 National Water supply Policy, MININFRA, 2016

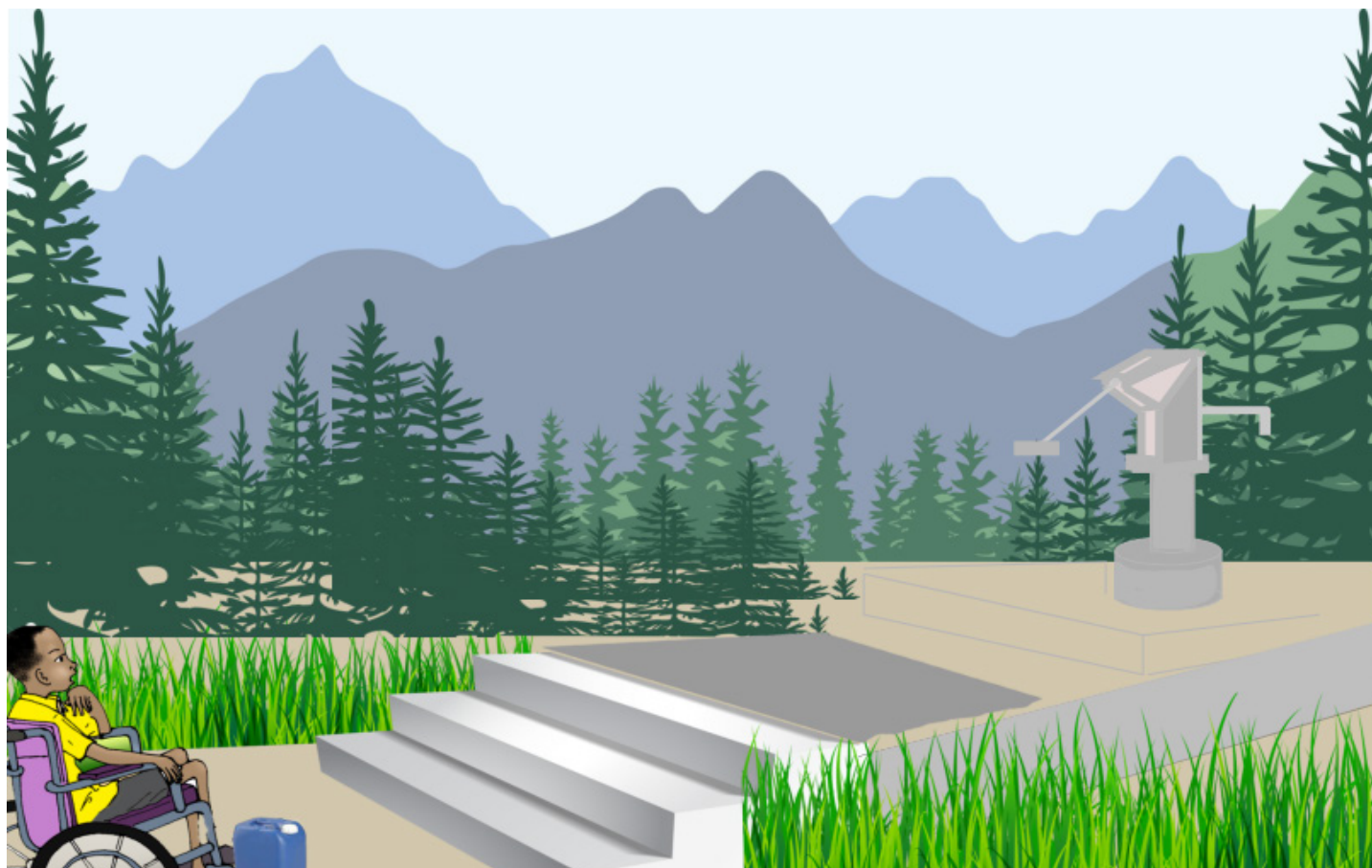
23 National Strategy for Transformation, 2017

<p>The National Sanitation policy Implementation Strategy considered disability in health centers and schools but it did not consider other public facilities in different domains and in households, offices, stadium and other public places</p>	<p>The National Sanitation policy Implementation Strategy might consider disability- appropriate sanitation facilities in other domains and in households to ensure the inclusion of PWDs according to their different type.</p> <p>The strategy shall include Indicators and targets for disability inclusion in households</p>
<p>National Water Supply Implementation Strategy does not consider disability inclusion</p>	<ul style="list-style-type: none"> <li>• National Water Supply Implementation Strategy has to consider disability as the cross cutting issue.</li> <li>• The strategy shall include Indicators and targets for disability inclusion at scale</li> </ul>
<p>Sanitation policy is clear, inclusive but its implementation lacks inclusion (Desk review, UPHLS, 2018)</p>	<ul style="list-style-type: none"> <li>• Enforcement of monitoring and evaluation of the implementation of available policies</li> <li>• Translate / convert the existing policies into practices on the ground</li> </ul>
<p>Limited awareness on the inclusion of PWDs in WASH services (Desk review, UPHLS, 2018)</p>	<p>Capacity building to WASH actors and communities in general</p>
<p>Lack of clear coordination and evaluation of the inclusiveness of WASH services and programs (Desk review, UPHLS, 2018)</p>	<ul style="list-style-type: none"> <li>• Put in place a mechanism to monitor, coordinate and evaluate the inclusion of persons with disabilities in WASH sector.</li> <li>• Involve PWDs in district WASH board's activities</li> </ul>

### Chapter III: Disability mainstreaming in service provision

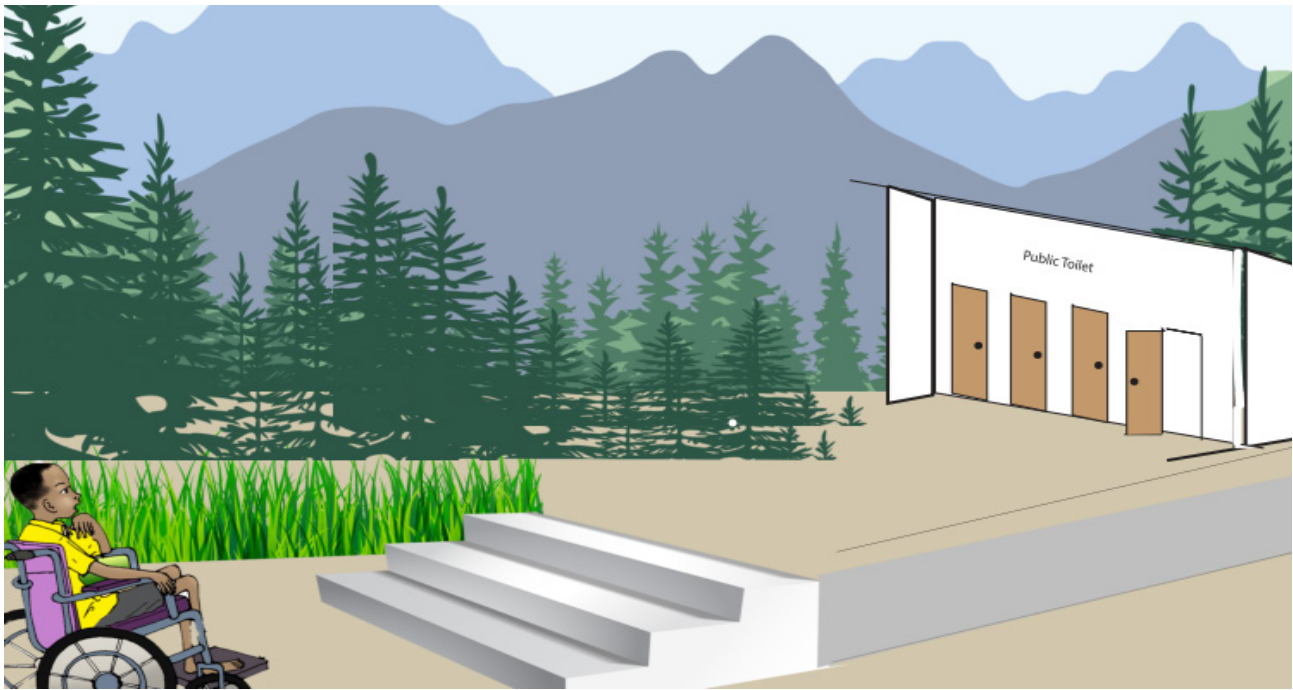
People with disabilities in Rwanda are among the most vulnerable groups in the country with limited access to basic needs and services such as health, education, employment and microcredit. The myths and beliefs associated with disability created misunderstanding of their abilities and led to their inferior status to society. This has led to the discrimination and isolation of persons with disabilities, who are considered to be persons unable to learn or be employed in a lucrative manner to care for themselves and contribute to the development of the family and the community.

The water and sanitation sector shall put particular attention and priority to improving water supply and sanitation services to persons with disabilities, and will ensure that persons with disabilities are involved in water and sanitation decisions that affect them at all levels. Private operators and water committees working with water and sanitation sector at lower levels will be guided by the sector regarding approaches to be used to ensure people with disability are sufficiently included shifting from universal design to needs – and preference – based design paradigm. The capacity building action plan indicated above will also ensure that issues of disability are well taken care of by all parties<sup>24</sup>.





Well-built public toilets meeting norms and standards and convenient to disabled people in places of high frequencies such as markets shall allow promoting public health and lowering risks of diseases. In Kigali and secondary cities, especially in business centres and shopping malls, accessible and visible public toilets shall be incorporated in such buildings instead of providing a special space for public toilets<sup>1</sup>.



<sup>1</sup> National Sanitation Policy Dec 2016: Policy Directions Objective 1: Raise and sustain household sanitation coverage to 100 per cent by 2020

Challenges / gaps in service provisions and facilities and proposed strategies

Service	Products	Gaps/challenges	Types of disabilities	Recommendation
Drinking Water	Treatment plant	Building / facilities for water treatment plants are not accessible for staff with disabilities	Physical, Visual and little people	· MININFRA, WASAC and development partners should improve the accessibility of building / facilities for water treatment plant
				· Use indication/sign posts and assistive technologies that are user friendly for PWDs
				· Refer to Rwanda building code
	Treatment machinery	Placement of treatment machinery is not user friendly for Persons with disabilities	Physical, Visual and little people	· MININFRA, WASAC and development partners have to ensure that treatment machinery are placed in a way which is friendly for the use by PWDs (in case a staff has disability)
	Centralized storage	Storage facilities are not disability friendly	Physical and little people	· Upgrade the storage facilities
				· Build disability user friendly storage facilities ( For example build underground storage) respecting provisions in Rwanda building code



Water supply distribution	Public / Private			
	Water tap	Water taps placed far from households	Physical	· Place water taps inside the premises of households with one or more PWDs as stipulated in the Water and Sanitation Sector Strategic Plan, 2013.
		Some water tap are not user friendly	All	· Use disability friendly water tap for PWDs
	In-house tap facility	Some In-house tap facility not accessible for Persons with disabilities	All	· Build disability friendly In-house tap facility.
	Water recreation facilities (Swimming pool, others)	Available Water recreation are not accessible	Physical	· Redesign the current water recreation facilities to be disability friendly or avail additional facilities that are user friendly for all.
		Service providers do not have Skills on Disability		· Raise awareness for service providers
	Household			
	· Toilet/Bath / kitchen	Limited availability and inaccessible toilet/bath/ kitchen facilities	All	· Avail portable toilet seats and other supportive facilities for persons with disabilities on the market through the engagement of the private sector and, share information about their existence on the market to PWDs
		All	· Tax exemption of water and sanitation disability friendly outlets / facilities	

Sanitation	Toilets	Limited availability of disability friendly toilets for Persons with disabilities	All	· Avail portable toilet seats for persons with disabilities or Install other facilities to support persons with disabilities in toilets / bathrooms
				· Avail accessible toilet and assistive materials in public places
				· Install hand washing facilities at a standard / accessible height with a disability friendly water tap
				· Install urinals at a height that can accommodate little people and children
	Solid waste	Selection of solid waste Facility considers only the type of waste, size and cost without considering its friendly use	All	· The selection of solid waste facilities should also consider its friendly use (for persons with disabilities to used them)
				· Avail accessible waste storage facilities (dustbins) and assistive materials in public places
				· Awareness to suppliers on provision of accessible waste storage facilities (dustbins) and assistive materials both in public places and at household level
	Waste water/ outdoor drainage system	Outdoor system are not covered (Ruhurura)	All	· Outdoor waste systems might be covered
	Offsite systems not disability friendly for staff with disabilities		All	· Offsite systems and building should be installed in respect to Rwanda Building Code

Hygiene	Bathroom facilities	Bath rooms are not accessible for PWDs and most of the facilities such as showers not disability friendly in use  Many PWDs lack bathroom facilities due to extreme poverty	All	· Build the accessible bath rooms for PWDs and avail disability friendly facilities to ease the use for persons with disability
				· Adapt bathroom facilities to make them disability friendly
				· In responding to the needs of most vulnerable people ensure that there is also the provision of disability friendly WASH facilities
				· Avail accessible bathroom facilities with assistive equipment in public places
				· Search and avail affordable technology to facilitate the hygiene of PWDs in community
	Hand washing facilities	Hand washing facilities are not accessible	All	· Refer to Rwanda building code during construction
				· Tippy taps might be disability friendly (Height) and designs
	Water filters/ Treatment	Water filters are not accessible to some categories of disabilities	All	· Consider special needs of PWDs while importing water filters
				· Water filters made locally should consider disability friendly design

## Conclusion

A practical guide for mainstreaming disability in Water, Sanitation and Hygiene (WASH) programs and services is developed to facilitate policy makers, planners, coordinators, monitoring and evaluation teams, services providers and community/ users of WASH services for the provision of disability friendly services and consider disability as a crosscutting issue in the planning and implementation process. Improved access and inclusion in WASH activities brings a range of benefits towards PWDs, their families and the community.

The document highlight different gaps in WASH services in terms of knowledge and accessibility and, provide recommendations for decision makers, planners, service providers and users of WASH services which will help them to mainstream disability in planning for and designing WASH activities in order to remove multiple barriers faced by PWDs. Development targets will never be met unless the needs of persons with disabilities are addressed.

We hope that this document comprises most of the practical ways to mainstream disability into WASH service provision and, that it will serve the inclusion of persons with different categories of disability in development initiatives.

## References

1. *World report on disability, WHO and World Bank, 2011*
2. *Socio-economic characteristics of persons with disabilities, Thematic report, 4<sup>th</sup> Population and Housing Census, Rwanda, 2012*
3. *United Nations Convention on the Rights of Persons with Disabilities, 2006*
4. *Organic Law N° 04/2005 Of 08/04/2005 Determining the Modalities of Protection, Conservation and Promotion of the Environment in Rwanda*
5. *National Water supply Policy, MININFRA, 2016*
6. *National Sanitation Policy, MININFRA, 2016*
7. *Environmental Health Policy, Ministry of Health, Rwanda, 2008*
8. *World Report on Disability. 2011. WHO & World Bank*
9. [https://www.pseau.org/outils/ouvrages/ps\\_eau\\_wash\\_services\\_sdgs\\_2016\\_october2.pdf](https://www.pseau.org/outils/ouvrages/ps_eau_wash_services_sdgs_2016_october2.pdf)

## Annexes: Useful tools Rwandan terminology

**INYITO ZIBEREYE ABANTU BAFITE UBUMUGA**

<b>No</b>	<b>Ntibavuga (Inyito zipfobya</b>	<b>Bavuga (Inyito iboneye)</b>
1	lkimuga, uwamugaye, ubana n'ubumuga, ugendana n'ubumuga	Umuntu ufite Ubumuga
2	lkirema, lkimuga, Karema, Kajorite, Igicumba, Gicumba, Utera isekuru, Kaguru, Jekaguru, lkirema, Karema, Muguruwakenya, Terigeri, Kagurumoya, Kaboko, Mukonomoya, Rukuruzi	Umuntu ufite Ubumuga bw'ingingo
3	Impumyi, Ruhuma, Maso, Gashaza, Miryezi,...	Umuntu ufite Ubumuga bwo kutabona
4	Igipfamatwi, lkiragi, Nyamuragi, Ibubu, Ikiduma, Igihuri, Bihurihuri	Umuntu ufite Ubumuga
5	Igicucu, Igihoni, Ikijibwe, Ikirimarima, Ikiburaburyo, Ikiburabwenge, Indindagire, Ikigoryi, Igihwene, Ikimara, Zezenge, Icyontazi, Inka, Inkaputu.	Umuntu ufite Ubumuga bwo mu mutwe
6	Kanyonjo, Gatosho, Gatuza	Umuntu ufite Ubumuga bw'inyonjo
7	Nyamweru, Umwera, Ibishwamweru, Nyamwema, Umuzungu wapfubye	Umuntu ufite Ubumuga bw'uruhu rwera
8	Igikuri, Gikuri, Gasongo, Nzovu, Zakayo, Gasyukuri, Kilograma.	Umuntu ufite ubugufi cyagwa uburebure budasanze

*Reproduced by UPHLS*



UPHLS  
P.O BOX 1493 KIGALI  
Tel +250 788344553  
Email: [infos@uphls.org](mailto:infos@uphls.org)  
Website: [www.uphls.org](http://www.uphls.org)

