



## **REPORT ABOUT ASSESSMENT FOR ACCESSIBILITY BY PERSONS WITH DISABILITY OF WASH FACILITIES IN KYANGWALI SETTELEMENT CAMP**

*World Vision Uganda implemented an Inclusive WASH project in Kyangwali Settlement camp, where it constructed several boreholes and latrines, to improve access to safe and clean water, sanitation and hygiene for people with disabilities. WVU commissioned the National Council for Disability to take lead and assess whether PWDs can use these facilities with ease, independence, safety and dignity.*



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## ACRONYMS

AAH.....	Action Africa Help
ATC.....	Appropriate Technology Centre
CWDs.....	Children with Disabilities
DAT.....	Disability Audit Team
DLG.....	District Local Government
FGD.....	Focus Group Discussion
MoESST.....	Ministry of Educations, Sports, Science and Technology
MoGLSD.....	Ministry of Gender, Labour and Social Development
MoH.....	Ministry of Health
NAS .....	National Accessibility Standards
NCD.....	National Council for Disability
NUDIPU.....	National Union of Disabled Persons of Uganda
OPM.....	Office of the Prime Minister
PLWDs.....	Persons Living with Disabilities
PWDs .....	Persons with Disabilities
IGAs.....	Income Generating Activities
KSC.....	Kyangwali Settlement Camp
PWPD.....	Persons with Physical Disabilities
SNE.....	Special Needs Education
UNAPD.....	Uganda National Action on Physical Disability
UNCRPD.....	United Nations Convention on the Rights of Persons with Disabilities
UNHCR.....	United Nations High Commission for Refugees
UPE.....	Universal Primary Education
WASH.....	Water, Sanitation and Hygiene
WVU.....	World Vision Uganda
IGAs.....	Income Generating Activities

## **PREFACE**

One of the major challenges of persons with disabilities is the inaccessibility to physical facilities as it is a source of denial to the services enjoyed by others. This has greatly contributed towards PWDs ill health, unemployment, poverty, low levels of literacy, exclusion, low involvement in community activities, discrimination, stigmatisation, to mention but a few.

The Persons with Disabilities Act 2006 (Part IV) and the UNCRDP (Section 19) provide for construction of all public facilities in a manner that makes them easily accessible to PWDs, the contrary of which amounts to discrimination which is a criminal offense.

This is why we applaud World Vision Uganda (WVU) for realising the plight of PWDs and abiding by both the national and international legislation when they implemented Inclusive WASH project in Kyangwali Settlement Camp to make water, hygiene and sanitation facilities accessible to refugees with disabilities. PWDs face immense challenges in communities out there and one would expect their conditions to be worse in such a refugee camp.

I am delighted to have headed the 14-man Disability Audit Team (DAT) that WVU asked to assess for accessibility, the facilities they constructed in the camp including boreholes, household and school V.I.P. latrines. The team comprised of technical persons in the areas of disability, education and water from the Ministry of Gender, Labour and Social Development; Ministry of Health; Ministry of Education, Sports, Science and Technology; Ministry of Water; the National Union of Disabled Persons of Uganda and the National Council for Disability that I head.

The team audited facilities to see whether the PWDs could use them with ease, independence, safety and dignity, and I am glad to report that most of our findings were positive. I was very gratified to hear PWDs testifying that they are now able to independently go to boreholes; pump and carry water on their tricycles, go to latrines within the comfort of their wheel chairs vis-à-vis crawling, and that their self-esteem had increased as a result of the project.

It would be very unfortunate if I don't, on my own behalf and on behalf of the DAT, appreciate WVU for this Inclusive WASH project. The project came at a time when advocacy for inclusion and mainstreaming of PWDs in all sectors of life is at its peak.

I thank the Office of the Prime Minister and the office of the United Nations High Commissioner for Refugees for allowing and supporting WVU to implement such a project in the refugee camp. The project has gone a long way to improve the lives of not on the refugees with disability but the entire community.

I implore WVU, OPM, UNHCR, stakeholders and partners to read and internalize this report, and adopt all its recommendations in all their future work.

Find more details herein. I wish you nice reading.

**Candria Ark Azuma Goffin**

**CHAIRPERSON NATIONAL COUNCIL FOR DISABILITY**

## EXECUTIVE SUMMARY

World Vision Uganda implemented an Inclusive WASH pilot project in Kyangwali Settlement Camp, aimed at improving access to safe and clean water, sanitation and hygiene for people with disabilities as a means of improving their dignity. Hitherto, PWDs found it hard to access WASH facilities because of inaccessibility, long distances to the facilities, lack of movement aids, and discrimination from the communities, among others.

WVU therefore came in handy to support these vulnerable refugees community through construction of a number of accessible latrines at schools, accessible boreholes in the communities, provision of assistive devices and sensitisation of PWDs about their rights.



***Because the boreholes are accessible, persons with disability are able to independently fetch their water without helpers***

According to the National Accessibility Standards, accessibility refers to “the possibility to reach a place and maneuver within it; use a service, receive information, participate in activities provided in a public place; all these on equal basis with others, with dignity, independence and safety.”

By the end of the project, WVU would provide 14 accessible latrine blocks of 6 stances each (including a washroom for girls and a special stance for PWDs) in six schools, 16 new boreholes and 130 household latrines. WVU is also modifying 13 existing boreholes near PWDs families to be accessible and inclusive. By the time of this assessment, some of the facilities were complete and others yet to be complete. To ensure that PWDs access these facilities, WVU provided assistive devices for example crutches, walking sticks and wheel chairs, in addition to toilet seats.

The refugees have started feeling the impact of the one-year (March 2014-March 2015) pilot project as they are now recognised, respected as full and equal members in society, with increased self-esteem and reduced dependence on other people. For example, some PWDs are now able to fetch water by themselves because of availability of accessible boreholes. New huts are now constructed with wider doors where even a tricycle can enter and be kept inside. Previously, it was always left outside.

The PWDs sanitation has improved as a result of access to safe and clean water, special latrines, and availability of cleaning materials. PWDs are also able to fully participate in community and social activities as a result of improved mobility. PWDs associations and drama groups were formed for continuous advocacy and dialogue on issues that concern PWDs and parents of CWDs.

. Through the associations, it is also easier to mobilise and sensitise members towards a cer-

tain cause. Members are also able to meet and reflect on their experience and challenges as well as coming up with solutions. Although it's not formal, the OPM resolved that anybody constructing a new infrastructure must consult and provide access for PWDs.

The PWDs have greatly benefited from the project and more benefits will still be realised when the pending constructions are completed. However, according to the Disability Audit Team that assessed the facilities for accessibility, the project benefits would be much greater if the designers and contractors of the facilities had fully followed the National Accessibility Standards, as the facilities would be much more accessible.

The DAT also found out that some contractors did shoddy work on some of the facilities for example a latrine at Nyamiganda Primary School whose floor had already extremely cracked before commissioning it. There were questions on how long it would last after starting to use it. This problem was blamed on failure by WVU engineers to make regular follow ups on the contractors. However, WVU says these defects would be corrected before commissioning since the works are still in the defects liability period.

It is a plea of the DAT that WVU ought to negotiate with their donors for a project extension preferably for one more year not only to be able to complete pending constructions but also consolidate and sustain the project enormous achievements. Beneficiaries are also worried that if WVU hands over incomplete construction sites to OPM the Government may not be able to ensure that the facilities are well completed and sustainability of the project achievements would be in balance.

## 1.0 CHAPTER 1: INTRODUCTION

World Vision Uganda (WVU) in partnership with World Vision Finland has been implementing an INCLUSIVE WASH project funded by the government of Finland. The one-year (March, 2014 to March, 2015) pilot project is being implemented in Kyangwali Refugee settlement camp located in Kyangwali sub-county, Hoima District.

The goal of the project is to improve access to safe and clean Water, Sanitation and Hygiene for People Living with Disabilities (PLWDs) as a means of improving dignity.

The specific project objectives are:

1. To improve access to safe water in Kyangwali settlement by drilling boreholes designed to ensure access by PLWD.
2. To improve sanitation for 400 PLWD Households and 6 primary schools.
3. To promote hygiene among 400 PLWD targeted households and the 6 primary schools

16 new boreholes have been constructed and 13 are being modified to make them accessible for PWDs. , 17 drainable V.I.P. latrines blocks (14 for pupils, 3 for teachers) have been constructed. Each block for pupils has 6 stances (including a washroom for girls and a special stance for CWDs) while each teachers' block has 2 stances. Many assistive devices such as latrine seats of varying designs, wheel chairs, crutches, knee pads and walking sticks were provided to PWDs to aid them in their movement and accessibility to WASH facilities.

WVU therefore collaborated with stakeholders from the disability fraternity and Government Ministries to audit the WASH facilities for accessibility by PWDs. The team, referred to as the Disability Audit Team (DAT) assessed (audited) school 10 V.I.P latrines blocks, 9 household V.I.P latrines and community 6 boreholes for accessibility. The DAT was led by the National Council for Disability, a Government institution charged with monitoring the extent to which PWDs benefit from existing legislation, policies and programs in Government institutions, civil society and the private sector.

### 1.1 Definition of Accessibility and Assessment

According to the NAS, ACCESSIBILITY refers to “The possibility to reach a place and maneuver within it; use a service, receive information, participate in activities provided in a public place; all these on equal basis with others, with dignity, independence and safety.

Assessment, according to NAS, is a “pattern of analyzing and investigating the extent of compliance between the physical aspects of a structure or a service, and the requirements that must be fulfilled to make them accessible to persons with disabilities.”

In this context, the DAT's work was to assess whether the WVU constructed facilities including school latrines, household latrines and boreholes are accessible to PWDs. That is, whether PWDs can use those facilities with convenience, safety and dignity.

### 1.2 Objectives of the audit:

1. To assess whether persons with disabilities are accessing WASH facilities with convenience.
2. To establish whether the built water and sanitation facilities are compliant with (were



constructed basing on) the National Accessibility Standards.

3. To examine and document the challenges and best practices in WASH facilities, accurately and objectively, and make recommendations for appropriateness of future projects or replication.

4. To evaluate the extent to which the WASH project has impacted on other infrastructure and programmes such as new infrastructure community services in Kyangwali settlement.

5. To provide workable recommendations to World Vision Uganda and other stakeholders for replication and sustainability of WASH project interventions (to strengthen the on-going initiatives, advocacy and support potential replication of existing project interventions).

### 1.3 DAT composition

The DAT was comprised of members from different professional backgrounds working in Government ministries, disability and WASH as follows:

**Table showing DAT Team members**

S/N	Names	Organisation	Telephone	Email
1	Ark Goffin Candri a Azuma	NCD	0704 292 672	<a href="mailto:arkazuma@gmail.com">arkazuma@gmail.com</a>
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*A World Vision staff briefing the Disability Audit Team members shortly before starting assessing facilities for accessibility in Kyangwali Settlement Camp*

## **1.4 METHODOLOGY**

### **1.4.1 Research Design**

The assessment used a case study research design using qualitative approaches like FDG guides, observation checklist and an audit tool, to provide details and comprehensive information.

The following are the steps and methods used to collect, analyse and compile information

#### **Literature review**

Relevant literature on disability, project documents, records from OPM and UNHCR was reviewed.

#### **Developing tools for data collection**

The DAT developed tools to use in collection of information including the accessibility audit tool, FGD interview guide, and observation check list. The audit tool was used to assess latrines, and boreholes for conformity to the National Accessibility Standards developed by the MoGLSD and UNAPD while the FGD tool was used to collect the qualitative data.

#### **Training in use of tools**

The DAT members were trained into using the tools and sharing modalities for the survey. The team then split into four groups: two for auditing boreholes, latrines and assistive devices; the other conducted FGD with beneficiaries and partners.

#### **Assessment of WASH facilities**

The WASH facilities including boreholes, latrines and assistive devices were physically as-

sessed for accessibility using the tools developed. The assessment was done by the aid of tape measures (for taking measurements), observation, interviewing beneficiaries, school management (where the facilities are located) and the communities.

### Table showing FGDs conducted

S/N	Village	Zone	No. of FGDs	No. of women	No. of men
1	Kasonga	A	2	21	18
2	Kinyakyeitaka	B	2	11	9
3	Rwenyawawa	C	2	14	12
4	Nyamiganda	D	2	8	9
	<b>TOTAL</b>		<b>8</b>	<b>54</b>	<b>47</b>

### Conducting of interviews

DAT also conducted 8 FGD with project beneficiaries and associations of PWDs, individuals who got household latrines, assistive devices and school administrators where V.I.P. latrines were constructed. Other interviews were also conducted with WVU staff and OPM staff.

### Table showing key informant interviews conducted in schools

S/N	School	Village	Zone	No. of people
1	Ngurwe Primary School	Kasonga	A	4
2	Kinyakyeitaka	Kinyakyeitaka	B	3
3	Rwenyawawa Primary School	Rwenyawawa	C	2
4	Nyamiganda Primary School	Nyamiganda	D	2
	<b>TOTAL</b>			<b>11</b>

A total of 8 FGDs were conducted in each the 4 zones of the camp – one only for females and the other for males. A total of 101 people (54 female and 47 males) participated in the FGDs against a planned number of 80. (10 per FGD)

Key informant interviews were also conducted with 11 school administrators at the schools where WVU constructed latrines as shown in the table above.

### Data analysis and validation

The data collected was analysed and validated for collaboration and consistency. The data collected was carefully checked for consistence, completeness and accuracy to generate meaning and relevance.

### Report writing and dissemination

Following data analysis and evaluation the DAT wrote a report highlighting the findings and recommendations from the assessment. The report was later disseminated to WVU stakeholders and partners.

## CHAPTER 2: FINDINGS FROM THE DISABILITY AUDITING OF WASH FACILITIES IN KYANGWALI SETTLEMENT CAMP

**2.0** This Section describes the facilities constructed by WVU, identifies the strengths and gaps in the facilities, forms of disability, project impact, factors that affected project implementation, challenges in using assistive devices and accessing facilities, how to maximize project benefits, and general findings.

### 2.1 Facilities constructed/provided by WVU

WVU planned to construct eight boreholes and eight VIP latrines in the project area. However, because of savings and the appreciation of the dollar over the Uganda shilling at the beginning of the year 2015, the organization received a big exchange gain, and decided to construct more facilities in the camp.

WVU also secured assistive devices and provided them to PWDs to aid them in their movement and be able to access services. These included crutches, wheel chairs and special chairs/facilities to be used in household latrines for PWDs.

However, the assistive devices provided were all for PWP. This means that the blind and the deaf (who also form a big part of PWDs) were not catered for. I.e. not given white canes or sign language interpreters respectively.

**Table showing the status and facilities provided**

S/N	Status	Facility	Number	Comment
1	Construction complete/ at finishing level	VIP latrine blocks	14	Pending ones to be completed by end of March 2015
2	Under modification to cater for PWDs	Boreholes	13	Not earlier planned
3	Construction complete	Boreholes	8	In use
4	Under construction	Boreholes	8	Not earlier planned
5	Under construction	Household VIP latrines	130	Construction stopped. Contractors yet to be paid
6	Distributed to beneficiaries	Assistive devices	-	Number not available

### 2.2 Project impact/results

The beneficiaries reported that the WASH project has positively affected them in the following ways:

1. PWDs are recognized as full and equal members in society and are respected by the able-bodied people.
2. The project has increased the self-esteem of PWDs as it has reduced dependence on other people. For example, some PWDs are now able to fetch water by themselves because of availability of accessible boreholes.
3. Improved sanitation as a result of access to safe and clean water, special latrines, availability of cleaning materials that were provided by the project such as hoes, spades, buckets, jerry cans, brushes, among others
4. Improved mobility within the community and access to services as a result of provision

of assistive devices in form of crutches, walking sticks and wheel chairs.

5. Promoted socialization through music, dance and drama groups where they sensitise the public on disability issues and this has created awareness on the issues of PWDs among the communities

6. Increase self-confidence of the PWDs as they can now come out and articulate themselves well on issues concerning them.



*Project beneficiaries in an FGD meeting. They say their self-esteem has increased as a result of the project*

### 2.3 Common forms of disabilities

According to statistics from the OPM, KSC had a total population of 47,000 as of February 2015, out of which 7050 are PWDs, according to WHO statistics that indicated that 15% of any given population are PWDs. However, the OPM figures indicate that KSC had only 390 PWDs. According to the observation of the DAT, this number of PWDs seems to be too small, in the wake of many PWDs who attended the few FDGs conducted or seen moving in the camp.

It was also reported that the people in the camp – even the PWDs themselves – are not able to effectively identify PWDs. This poses a great challenge in determining the right numbers of PWDs in the communities.

#### Table showing common forms of disability in KSC

S/N	Form of disability
1	Physical
2	Mental
3	Blind
4	Deaf

### 2.4 Factors that affected project implementation

1. The definition of assistive devices was largely taken to provide for those who have physical disability, leaving out those with low vision or totally blind and the deaf / hard of hearing. It was strictly provision of wheel chairs, walking sticks, and crutches.
2. Lack of sign language interpreters for the deaf made them feel left out. This made communication with them very difficult.
3. Additionally, some PWDs did not get assistive devices and therefore think they were discriminated, and still face movement limitations. Some of them were promised toilet seats but are yet to get them.
4. There was lack of assessment when assistive devices were given, leading to some benefi-

ciaries receiving inappropriate appliances.

5. The project period was too short (one –year), leaving little room for thorough completion of project activities, consolidation of the project’s achievements and insurance of sustainability.
6. Delay in payment of contractors has stalled the completion of the construction of some facilities for example household pit latrines and boreholes.
7. Some PWDs far away from the centre particularly in Zones C and D (Nyamiganda and Rwenyawawa villages) feel that they were ignored and that their peers in zones A and B were prioritized and benefited more from the project.
8. The WASH project has a few staff and this resulted into some shoddy work done as the staff particularly the engineers could not regularly monitor and supervise construction works.
9. The project period of one year was so short for such a big project yet the implementation of project activities on the ground also started late - in June 2014. Implementation of some project activities was therefore hurried to beat the deadlines while some constructions are yet to be completed.
10. The PWDs were mobilized late to form groups – only three months to the end of the project period. If they had been mobilized earlier, the project would greatly benefit from their associations in regard to mobilization and sensitization of their peers and the community.



*Some PWDs received assistive devices but others did not, and therefore find it hard to access the facilities*

## Table showing sites for latrines and boreholes visited

C = Complete, Inc = Incomplete, T= Total

S/N	Village	Zones	School latrines			Household latrines			Boreholes		
			C	Inc	T	C	Inc	T	C	Inc	T
1	Kasonga	A	4		4	2	1	3	2		2
2	Kinyakyeitaka	B	2		2		2	2	1	1	2
3	Rwenyawawa	C	2		2		2	3		1	1
4	Nyamiganda	D	1	1	2		1	1		1	1
	<b>TOTAL</b>		<b>9</b>	<b>1</b>	<b>10</b>	<b>2</b>	<b>7</b>	<b>9</b>	<b>3</b>	<b>3</b>	<b>6</b>

The DAT visited 10 V.I.P. latrines in five schools; each school having two latrine blocks – one for female and the other for male pupils. One latrine at Nyamiganda Primary School was yet to be completed. The audit team also inspected nine household latrines of which only two were complete and construction of the other seven had stopped. Six boreholes were also visited out of which three were complete and construction of the remaining three had stopped.



*A school V.I.P latrine awaiting commissioning after completion of its construction. World Vision Uganda has constructed 16 such latrines, each with a special stance for children with disabilities*

**Table showing weakness and strengths of the latrines**

<b>(a) LATRINES</b>	
<b>Strengths</b>	<b>Weaknesses</b>
Some doors open both ways (in and out wards) making them easy to operate especially for wheelchair users	All latrines assessed have no landing areas at the entrances where a wheel chair user would safely park open the doors
The opening spaces of the doors is 83cm wide, which is reasonably enough for a wheelchair user to enter	The latrine seats are not appropriate for young pupils with disabilities, i.e. they are very wide with wide contact areas for urine and this compromise hygiene
The latrines have ramps which are gentle, rough and wide enough (140cm wide) for wheelchair users	The latrine doors are not painted in contrasting colours with door frames and walls for easy identification by children with visually impairment
All ramps have protective handrails	The latrines are not labeled with any symbol for disability to show that they are only meant for PWDs
Most latrines are spacious enough to enable a wheelchair user maneuver within without much difficulty	The door handles are not of the L-shape type suitable for even those with no fingers or with weak hands
The latrines have seat on facilities to ease usability by pupil with disabilities especially those with physical disability	The stances for PWDs have no curtain walls, unlike for other children. So the CWDs privacy is in balance
There are handrails for support within the latrines	The water tap is not of the push type suitable for majority of PWDs
The latrine entrances are positioned in logical relationship with the pathways	The water drainage soak pit requires leveling to enable easy access to the water point by wheelchair users
Latrines have accessible nearby water taps for hands washing/cleaning	



*The latrines have a sit on facility that is ideal for PWDs as some of them cannot squat. However, this design needs slight improvements*



## Table showing weakness and strengths of the boreholes

<b>(a) BOREHOLE</b>	
<b>Strength</b>	<b>Weakness</b>
Boreholes have a wide apron where even a tri-cycle user can maneuver and draw water	Many boreholes have no clear access routes.
Boreholes have seats where those who cannot stand, can sit and pump water	The water pump is relatively short and therefore requires more energy yet majority of PWDs, children and elderly who mostly fetch the water are weak
There are fairly many boreholes so the distances traveled to fetch water are not too long	Most boreholes are located down hills which makes it difficult for PWDs to move back up hills while carrying water
	Boreholes are fitted with wooden handrails to protect them from animals but these are also barriers to PWDs



*Some protective handrails and boreholes seats are not wellpositioned and act as a barriers to PWDs using tricycles*



*Drama groups have been formed through which PWDs socialise and showcase their potential*

## **2.5 Challenges in accessing facilities**

By the audit period, construction of many facilities had either stalled or ongoing less than a month before the phasing out of the project. Even the completed ones especially VIP latrines had not been commissioned and therefore were not yet in use. However, some boreholes were in use.

Nevertheless, the beneficiaries were able to identify the following challenges they face/anticipate to face in using the facilities:

1. Some boreholes are protected with fences to bar animals from accessing them but this has also inadvertently made them inaccessible to PWDs
2. Some boreholes need much energy to pump water yet many PWDs are weak
3. There are no clear pathways to the boreholes and many of the boreholes are located down hills, making it difficult for PWDs to move uphill after collecting and when carrying water.
4. The seats in the latrines are too big making them difficult to use by children with disabilities and poses sanitation challenges
5. Out of the 130 household latrines planned for construction, none of them was complete by the audit period. Some of the beneficiaries had not got the assistive devices like toilet seats to be used in the latrines.
6. Lack of assistive devices for some PWDs to help in their mobility. One person reported that she just crawls to the pit latrine: *“I have never received a wheel chair. Even when I am going to the latrine, I just crawl. I know this is unhygienic but I don’t have what to do.”*

## 2.6 Project benefits

From the FGDs conducted, many PWDs reported to have benefited from WASH project in the following ways:

1. Improved sanitation as a result of access to water, latrine and cleaning materials such as basins and jerry cans
2. Formation of PWDs music and drama groups that not only entertain the communities but are also a means to sensitizing them on the issues affecting PWDs and showcasing their potentials
3. PWDs have formed their associations through which they can create awareness about their potential and advocate for access to their rights
4. More water points now exist as WVU added boreholes to the existing ones and water tap provided by AAH
5. Formation of water committees to oversee the running of the boreholes, with a representative of PWDs on each committee.
6. Eased mobility for many PWDs as a result of acquiring assistive devices
7. Some PWDs received T-shirts from WVU
8. Increase in latrine and water coverage
9. Increase on the self-esteem of PWDs within the camp.
10. Sensitization has increased awareness on disability issues and teachers are now able to identify CWDs. For example Ngurwe Primary School has sponsored a teacher to be trained in special needs education.
11. WASH commemorated the International Day for PWDs at Rwenyawawa Primary School and PWDs got an opportunity to be entertained and socialize with the community

## 2.7 Suggestion on making facilities more accessible

From the FGDs the beneficiaries highlighted ways by which the school and household latrines, and boreholes can easily be made accessible to PWDs as follows:

1. Completing the construction of all the remaining facilities
2. Borehole handles are very hard and need to be adapted to make them easy to use by those with weak hands.
3. Construction of accessible bore holes in every village to reduce on distances
4. Allocation of accessible boreholes to only PWDs
5. Replacement of boreholes with piped water which can be more accessible
6. Increase the household latrine coverage to



*Every body who deserves an assistive devise should get it to improve their mobility*

benefit every deserving PWD

7. Provision of white canes to visually impaired so that they can easily access the service
8. Provision of assistive devices to every deserving person

## **2.8 Benefits of assistive devices**

During project implementation, WVU provided some assistive devices to PWDs including walking sticks, crutches and a few wheel chairs. From the FGD discussion, the beneficiaries reported how the assistive devices helped PWDs to access WASH facilities as under:

1. Increase the PWDs mobility and are able to move around in community with ease
2. Able to access services like water and health
3. Increase self-esteem as PWDs can freely move and participate in social activities

However, some people pointed out that they had not received assistive devices and many of them had very old wheel chairs in a very dangerous state likely to cause secondary disability. They claimed that there are many others who were lacking assistive devices, whom they were mentioning by name.

## **2.9 Challenges in using assistive devices**

1. Some of the PWDs received assistive devices without assessment and training in using them. This led to some having the wrong sizes of the devices especially wheel chairs, leading to injuries and secondary disabilities such as scoliosis
2. As a result of lack of assessment, some PWDs received devices they actually did not need such as walking sticks and were seen just carrying them around, a clear sign that they did not need them in the first place.
3. Many PWDs reported not to have assistive devices yet they need them

## **2.10 Maximising project benefits**

1. The project beneficiaries reported that they can benefit more from the WASH project if the following factors are considered:
2. Holding meetings with beneficiaries to sensitise them on the best use of the facilities and the benefits that will accrue from it.
3. Supporting PWDs with more Income Generating Activities to supplement on agriculture
4. Provision of assistive devices to whoever needs them
5. Provision of water taps instead of boreholes as water is easier to draw at the tap than the borehole
6. Construction of household latrines for every PWD
7. Strengthening the associations of PWDs to mobilize and sensitize colleagues and the community toward certain key issues

## 2.11 Other key findings

1. The DAT found out that in spite of the existence of many UPE schools in the KSC, many children were not going to school because of the ignorance of their parents. And many of those who join schools drop out before completion of Primary Seven. In Rwe-nyawawa Primary School, there are over 100 pupils in each lower class but only 16, 25, and 16 sat for PLE in the years 2012, 2013 and 2014 respectively. The head teacher Patrick Basigwa noted: “The biggest numbers are in the lower classes. Upper classes have very few as pupils go on dropping out. Many go for marriages while others stay home to help their parents with farm work.” As regards CWD, the school has only two out of a total enrollment of 839. The head teacher said: “There are many in the communities but parents don’t bring them here. A boy with epilepsy dropped out of this school complaining that the parents were not giving him food.”

2. The schools are located far apart and therefore children have to move for long distances and this could be one of the causes of the rampant school drop outs. The schools are also “over populated” because of being located far apart in communities with many people. For example, Nyamiganda Primary School had a population of over 1700 pupils while Kasonga Primary School has over 2000.

3. The beneficiaries were worried of handing over unfinished facilities to Government such as household latrines and boreholes as WVU winds up its project by the end of March 2015, yet construction of such facilities had stalled as the contractors had not been paid for finished work, only three weeks to the end of the project period.

4. Identification and classification of PWDs is difficult as many people – even the camp managers and PWDs themselves – cannot clearly explain who a PWD is. Some of the people referred to as disabled were actually just in need of medical treatment and rehabilitation interventions. For example, there are people with sicknesses and impairments such as leprosy, cancerous wounds, elephantiasis and kidney problems and they regard themselves as PWDs, yet their conditions are not permanent as they are treatable in Mulago or some regional hospitals.

5. Some schools provide study incentives for CWDs to motivate them to join and stay in



*Some people have impairments that can bring about disability such as leprosy and elephantiasis. So they need urgent medical interventions*



schools. Kasonga and Rwenyawawa Primary Schools for example gives them free books while Nyamiyanga Primary School provides them with free lunch.

6. The WASH project was understaffed and so the few staff were not able to sufficiently follow up and monitor project activities and constructions.
7. There was a feeling that WVU was giving more attention to PWDs in zone A and B which are closer to the camp's administration, than zone C and D. In fact, the DAT noted that construction of the boreholes and latrines in zone A and B was complete while those in zone C and D had stopped.
8. The men in FGDs especially in zone C and D said they were not aware of WVU WASH project. *"We just see them moving in their cars, passing by,"* a man said. Most of the men said they were very poor and had no means of helping themselves. So they asked for skills training in IGAs. In response to this, a WVU staff, Benbella Dektar, said: *"Take note of this. It is a common practice by some people to deny benefiting from a project when they see new people. They think the new faces could have come with new things that they could miss if they accept to have already benefited."*
9. Although the PWDs had been mobilized and had leadership, this was done in the last three months which is very late considering that the intervention by WVU had started much earlier. It is recommended that the leadership of PWDs is brought on Board early enough so that they help in the monitoring of the facilities right from the time of construction.
10. There was no consultation with the leadership of PWDs when selecting beneficiaries. The chairperson of PWDs claimed that he has been consulting OPM when they would have a meeting with PWDs but this has not been forthcoming. Involvement of PWD leadership would promote ownership of the project and attribution.

## 2.12 Best practices

The DAT was able to identify best practices in the WASH project that can be emulated by other stakeholder/partners in their work or similar WVU programmes as follows:

1. Building the capacity of the school administration to monitor the construction of latrines in their schools led to good quality work by the contractors in areas where the school authorities executed their duties. This also increased project ownership by school authorities and are likely to maintain the facility very well even after the phasing out of the project.
2. Sensitization of the entire communities about disability brought about acceptance of PWDs as full and equal members of soci-



*Blending advocacy with provision of services is a recipe to project success*



ety who have rights and roles to play in the society. It also reduced on stigmatization and isolation of PWDs in the communities thus increasing their self-esteem.

3. Blending advocacy with service provision has led to maximization of project achievements since advocacy and service provision complement each other.
4. Provision of assistive devices like crutches, walking sticks, wheel chairs and toilet seats, increased mobility of PWDs thereby making it possible for them not only to participate in project activities but also access services provided like fetching water, accessing latrines with dignity, safety and independence, as well as socialization.
5. Construction of accessible boreholes to be used by the entire community; not only for PWDs, has promoted inclusion that disability advocates have long been lobbying for.
6. Construction of an accessible special stance for PWDs on each block of latrine constructed is set to improve the sanitation and hygiene of CWDs since they will be able to access it with dignity and safety, and this will increase on their enrollment and retention in schools.
7. Formation of the associations of PWDs, music and drama groups has provided a platform for easy mobilisation, consultation, and sensitisation and dialogue with of PWDs of key issues affecting them. The associations are also used as avenues to showcase the potentials to PWDs as well as sensitizing the communities about their needs and concerns.

### 2.13 The don'ts

During implementation of future projects, there are things that the DAT believes should not be done again as follows because they adversely affected project implementation:

1. Selecting construction sites for example of boreholes and latrines without involving the school administration and communities that are supposed to own and benefit from the facilities. This compromised project ownership and puts project sustainability in balance.
2. Disability auditing and monitoring when the project work is near complete. The DAT observed that they were involved very late as many of the construction works were complete or near completion and therefore some of their recommendations regarding major improvements could not be implemented.
3. Provision of assistive devices before thorough assessment of beneficiaries as this led to PWDs getting injuries and or secondary disabilities.
4. Relatedly, WVU should avoid targeting only certain forms of disability as others would distance themselves from the project and this would limit the project success. For example, WVU provided assistive devices to only PWP, leaving the deaf and blind out. The blind



***Disability auditing ought to be done much earlier to give room for implementation of the recommendations***

would be given white canes while the deaf needed sign language interpreters.

5. Lack of regular supervision and monitoring of construction works by WVU engineers led to defects on some sites and not following the construction plans.
6. Failure to fully follow NAS during the designing and undertaking of construction works led to construction of boreholes and latrines where PWDs will still face some challenges while using the facilities. For example, the toilet seats in school latrines are difficult to use for CWDs and poses hygiene challenges.
7. Many PWDs proposed that they be allocated boreholes specifically for them but the DAT strongly rejects this suggestion as it is against the notion of inclusion that many disability advocates are lobbying for and WVU should not heed to this call.

## 2.14 Success stories

The project beneficiaries had not yet fully started to access the major project facilities such as school and household latrines and boreholes as they were either still under construction or not yet commissioned, but were none-the-less able to share some success stories with the DAT:

1. *“Before World Vision came into partnership with the school, there was general lack of water for school use and even the general community but World Vision constructed a borehole for us and we can now easily access water.”* – **Joshua, Head Teacher Ngurwe Primary School.**
2. *“This is an inclusive school with nine children with disability but we did not have an accessible latrine. World Vision supported us and constructed two new latrine blocks for male and female pupils, each with a special stance for children with disability.”* – **William Kajarambe, Deputy Head Teacher, Ngurwe Primary School.**
3. *World Vision gave us many hygiene and sanitation materials such as jerry cans, buckets, brushes, and many others. So we are able to keep our environment clean. One of our latrine blocks was also about to get full but World Vision has constructed for us two new latrine blocks.”* – **Patrick Basigwa, Head Teacher Rwenyawawa Primary School.**
4. *“We thank WVU for constructing for us nice latrines. The latrines are much better than the houses we are sleeping in.”* – **FGD**



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*People’s hygiene has increased because they are able to access water and sanitation facilities*



## CHAPTER 3: CONCLUSIONS AND RECOMMENDATIONS

The DAT came up with various conclusions and recommendations that can be taken up by various stakeholders and partners in the camp not only to sustain the WVU achievements but also fill up the identified gaps. Some recommendations are short term while others are long term in regard to boreholes, latrines, sensitization of the communities about disability, among others.

### 3.1 LATRINES

#### 3.1.1 Short term recommendations

The contractors should paint the door frames, doors and hand rails on the ramps leading to the latrines in contrasting colours, for easy identification by children with visual impairment.

1. The latrine stance for children with disabilities should be labeled with the universal symbol of disability
2. The school management should sensitize all children on how to use and keep the latrines clean and hygienic. The design of the latrines require constant supply of water if they are to be kept clean, therefore World Vision and school managements should ensure regular supply of water in the latrines.
3. The soak pit at the water tap for washing hand after visiting the latrine should be well leveled and covered to enable easy and safe access to children using crutches, walking sticks and wheelchairs.
4. The construction works at some latrines were found to be shoddy, for example, at Nyamiyanga, where the floor for the girls block had already cracked before starting to use the latrine. WVU engineers should inspect all latrines, identify all faults and instruct contractors to re-do the works before paying them their retention and commissioning the latrines.

#### 3.1.2 Long-term recommendations

1. WVU, OPM, UNHCR should entirely adopt the National Accessibility Standards during designing, construction, modification or reconstruction of latrines. For example, we found out that the latrine design provided in the NAS is cheaper to construct yet more convenient for use by PWDs. NAS provides for better handrails, latrine sit options, size and floor design. The flapper used in WVU constructed latrines should be avoided as it is mainly suitable for water-borne toilets.
2. WVU should increase on its staff especially engineers for them to be able to do adequate, regular supervision and inspection of construction sites to avoid shoddy



*The stance for PWDs also needs a curtain wall to ensure their privacy like the case is with the stances for able-bodied*

works like the case was at some of the latrines for example at Nyamiyanga and Rwe-nyawawa Primary School, where the water cannot be harvested from the latrine roof because the water tank is at a higher level than the water channel.

3. To ensure privacy for CWDs also, the curtain wall at the latrines should not only cover the stances for children without disabilities but for CWDs too.

## 3.2 BOREHOLES

### 3.2.1 Short-term recommendations

1. The fixed seat at the borehole handle should be removed as it acts as a barrier to somebody using a tri-cycle and it is not adequately serving the purpose for which it was meant (for PWDs to sit on while pumping water). Instead, WVU should provide a movable seat like a chair and chain it to the borehole for security reasons. The challenge the beneficiaries find with a fixed seat is that PWDs need it on different sides of the handle because of their varied left or right arm strength. In such a case, a mobile seat is preferred.
2. The pathways to the boreholes should be provided and graded to ensure easy access of not only PWDs but the general community.

### 3.2.2 Long-term recommendations

1. WVU, OPM, UNHCR should entirely follow adopt the National Accessibility Standards during designing, construction, modification or reconstruction of bore holes. For example, we found out that the borehole design provided in the NAS is cheaper to construct yet more convenient for use by PWDs.
2. NAS provides for better handrails, latrine sit options, size and floor design. The flapper used in WVU constructed latrines should be avoided as it is mainly suitable for water-borne toilets.



*PWDs are asking for allocation of their own boreholes but DAT rejects this call because it is against the notion of inclusion that disability advocates are lobbying for*

### 3.3 GENERAL RECOMMENDATIONS

1. All key stakeholders for example from the disability fraternity should be involved before construction works begin and during construction so that issues of accessibility and disability can be considered at the start. The DAT observed that because they were involved late after much of the construction had been completed, some of their recommendations could hardly be implemented.
2. Contactors should be paid on time for works to be done and completed during the project period. The DAT found out that some facilities especially house hold latrines and boreholes were yet to be completed only three weeks to the end of the project period because contactors had not yet been paid for the finished construction phases.
3. Where the school administration reported to have monitored the contractors, work is of good quality but where they reported the contrary, shoddy work was done. Therefore, WVU should always ensure that not only the capacity of project beneficiaries is build to monitor the contractors but also ensure that they execute their work.
4. WVU should adopt the National Accessibility Standards during designing, construction, modification or reconstruction of its entire construction works in Uganda including buildings, health facilities, latrines and boreholes, among others.
5. Additionally, the community and school management should be involved at all stages of construction right from site selection. Some school management and communities reported that they were not involved in choosing the sites for the latrines or boreholes and in such cases; they were reluctant to adequately monitor and supervise the contractors. However, the DAT found out that site selection more especially in regard to boreholes depends on hydrological factors (where a borehole is only dug where water has been found), but WVU ought to explain to the communities. Latrines ought to be should be constructed on a flat surface or leveled ground in order since it is difficult for PWDs to go uphill.
6. There were enormous calls from PWDs to be allocated specific boreholes but the DAT is strongly opposed to this as it defeats the notion of inclusion and leads to more isolation and stigmatization of PWDs. However, when it comes to distribution of food in the camp and accessing health services, PWDs ought to be served first because they find it very difficult to queue for long hours.
7. The OPM and UNHCR should make sure that community latrines are constructed in the camp that can serve several households and stop the community from “encroaching” on school latrines more especially during evenings and weekends. The DAT found out that some household don’t have latrines and majority of the available ones are in a sorry state and very close together more especially in towns. This has brought about massive stench, littering of human waste, and it is a huge risk factor to outbreaks like typhoid, dysentery and cholera.
8. The OPM and UNHCR should make sure that more schools are constructed to reduce on distances between schools and “over population” in some schools. CWD can’t afford to move long distances to schools and those without disabilities are also highly challenged. As regards “over population”, Kinakyeitaka Primary School, for example, has a total enrolment of 1779 pupils while Kasonga Primary School has over 2000. More latrines in these schools should also be constructed because the pupils to latrine stance ratio is far more than the 1:40 (one stance for every 40 pupils) mandated by the MoESST.
9. WVU, OPM, and UNHCR should sensitize the parents and children on the importance of education more especially CWDs. The DAT found out that many CWDs and those with-

out disabilities were not going to school, or massively drop out, and this was blamed on lack of sensitization for parents and communities, early marriages and offering support to parents in farm works.

10. The OPM, UNHCR and all schools should provide study incentives to CWDs for example free books and lunch, among others, to encourage them to enroll and be retained in the schools. All pupils should also be sensitized about disability in order not to stigmatise their peers with disability and lead them to dropping out of schools.

11. The OPM, UNHCR and Hoima District Local Government should ensure a holistic approach to ensure education of CWDs by providing all schools with the required Special Needs Education teachers, sign language interpreters (for the benefit of the deaf pupils), scholastic materials for the blind (such as brailers and tape recorders), among others. They should also ensure that not only the latrines are accessible but the general environment including classrooms, play grounds and compound in addition to ensuring a conducive attitude from fellow learners and staff. These will ensure that all pupils benefit from and enjoy learning.

12. The OPM, UNHCR, WVU should help PWDs to access medical and rehabilitation services. There are people for example with club foot that can be collected with surgery in Mulago. Other PWDs need medicine to control epileptic fits and mental problems while others need physiotherapists for rehabilitation. In addition, DAT found many people had impairments such as sores (likely to become cancerous), kidney problems, leprosy, elephantiasis, among others, and regarded themselves as PWDs because of such sicknesses, yet these impairments can be healed. It should also be noted that some identified impairments such as leprosy and elephantiasis are contagious (may be passed on to the community) and so victims need to be urgently treated to avoid spreading to other refugees.

13. The OPM, UNHCR and WVU should also ensure that every PWD who needs an assistive device gets it. Assistive devices like walking sticks, white canes, wheel chairs, among others, are so essential to PWDs if they are to access services. However, before provision of such devices, beneficiaries should first thoroughly be assessed by professionals and trained into using the device. If this is not done, the devices would be very dangerous to the beneficiaries as they can lead to secondary disabilities and injuries. Cases of this already



***In addition to sensitization and provision of assistive devices, the OPM and UNHCR should urgently offer specialised treatment to some disabling and highly infectious conditions such as elephantiasis and leprosy. PWDs also need to receive regular medication and rehabilitation services.***



exist, as WVU had already provided some assistive devices without going through the right procedures.

14. WVU and OPM should also train artisans preferably bicycle repairers or selected PWDs in different zones, to repair assistive devices and offer other support services like adjusting crutches, training beneficiaries in using assistive devices, among others. DAT We found out that many assistive devices were grounded yet they needed minor repairs while others needed minor adjustments.
15. WVU ought to negotiate with their donors for a project extension preferably for one more year not only to be able to complete pending constructions but also consolidate and sustain the project achievements. Beneficiaries are worried that if WVU hands over incomplete constructions (boreholes, latrines, household latrines) to OPM, the Government may not be able to ensure that the facilities are well completed.
16. WVU should retain their staff who have implemented the Inclusive WASH project in Kyangwali Settlement Camp, as they are now very knowledgeable about issues of disability, inclusion and mainstreaming. If the project is not extended, this staff should be re-assigned to implement the forthcoming similar project in Adjuman.
17. Although the PWDs had been mobilized and had leadership, this was done in the last 3 months which is very late considering that the intervention by World Vision had started much earlier. It is recommended that the leadership of PWDs is brought on Board early enough so that they help in the monitoring of the facilities right from the time of construction.



*The associations of PWDs and drama groups need to be strengthened for easy mobilisation, sensitization, socialisation and showcasing of their talents*