

# Community Based Rehabilitation: A Bridge to Inclusive Sustainability Among Persons with Disabilities.

By

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## Abstract

*The study intended to explore as to what extend persons with disabilities (PWD) are included in sanitary accessibility, disaster management and prevention as well as in mitigating against environment hazards. To achieve this, the following questions were formulated; Are PWD rehabilitated or habilitated in environmental sustainability? Are they able to access community toilets and other hygiene services such as safe water? Do PWD participate in sanitary infrastructure development planning and programmes implementation? Descriptive survey method was used for this research and data was analysed in a narrative form. Convenient sampling and snow bowling method was used to select persons with disabilities and their families who participated in this study. Literature review showed that people with disabilities are among the most vulnerable and least equipped to deal with environmental hazards and impact of climate change in most African and Asian countries. The findings indicated that people with disabilities in Zimbabwe are excluded from sustainable participation which includes accessing sanitary infrastructures and participating in planning and implementation of environmental sustainability programmes. They have relatively poor access to basic services and these include accessibility to toilets and other hygiene services thus susceptible to diseases. Community Based Rehabilitation (CBR) programmes can go a long way in alleviating challenges faced by persons with disabilities in the communities that they serve. Combating life threatening diseases is one of the global Millennium Development Goals (MDGs) to be achieved by the year 2015. Thus CBR can bridge the gap of sanitary exclusionary practices through empowering of PWD and building communities that celebrate differences at all levels of development. Through research conferences and other collaborative approaches, CBR can facilitate the formulation of appropriate sanitary facilities that are need sensitive. More so, it can inform policy as well as to help government to pursue objectives and strategies that guarantees the delivery of optimal outcomes of MDGS in the shortest time possible and at a reasonable cost.*

**Keywords:** Accessibility/Inclusion, People with disabilities, sustainability, sanitary facilities.

## 1. Background of the Study

This study was carried out in Mashonaland Central Province of Zimbabwe. Mashonaland Central is one of the 10 provinces of Zimbabwe, located in the Northern part of the country and has 8 geographical districts. Most part of Mashonaland Central region lies in the agro ecological region 5, characterized by low unreliable and erratic rainfall in this last decade. The only peculiar district in the province is Muzarabani which faces extreme alternating weather conditions of floods and drought. The common problems of all districts in Mashonaland Central are outbreaks of water borne diseases.

The World Vision a Nongovernmental organization (NGO) implemented a project in Mashonaland Central (Muzarabani) aimed to improve the health and quality of life amongst poor, vulnerable children and the general communities. This was by improving access to water, sanitation services and promotion of good hygiene practices. Ventilated latrines were constructed with hand washing facilities in households and schools. With this background, our study intended to find out the inclusion of persons with disabilities on such issues of environmental sustainability. We have noted that while NGOs and Government of Zimbabwe make efforts to protect citizens from environmental hazards, people with disabilities are in most cases left out.

According to the Zimbabwe Population Census (2013), approximately 350 000 People with Disabilities (PWDs) were identified, a figure which equates to 2, 9% of the national population. This figure is further validated by the Poverty Assessment Study Survey (PASS) 2003 which showed that nationally, 3 percent of people were disabled. The rural areas had a slightly higher prevalence of persons with disability than urban areas. The main disability found at the national level in the study was physical disabilities which attributed to mobility challenges, followed by sensory disabilities, mostly visual impairment. Zimbabwe has however put in place policies that seek to improve the quality of life for people with disabilities and this includes promoting health living as well as prevention and management of disabilities. The decade for instance has seen a change in the epidemiology of disability in Zimbabwe, from those arising as a result of polio, leprosy, and land mines for example, to those related to peri-natal trauma such as cerebral palsy. Other common disabilities are a result of road traffic accidents, spinal cord injuries, amputations, age related impairments and home accidents, especially among children.

Of late, the Zimbabwean government has made efforts in spearheading Community Based Rehabilitation (CBR) programmes. Whilst this is so, most of these projects have died a natural death due to financial constraints and due to lack of sense of ownership by some communities. However, Community Based Rehabilitation has made great impact in the Zimbabwean districts of Mudzi and Masvingo where Non governmental organisation has assisted the government of Zimbabwe in funding the government. In Mudzi district for example, 98% of schools have ramps and inclusive toilets, these have been a result of CBR initiatives ( Jairos Jiri Association Newsletter, (issue no 1 of 2014). Disability Committees that are at ward level (and which includes persons with disabilities, community leadership such as headmans and counsellors) come up with registers of persons with disabilities and identified needs. This becomes a basis for spearheading projects which are inclusive. Community Based Rehabilitation programmes has made great impact of attitude change on issues of disabilities in these few districts of Zimbabwe.

In view of this background, question then is: Are people with disabilities rehabilitated or habilitated in environmental sustainability?. To answer this question the following sub questions were formulated to ascertain as to what extend people with disabilities are included in disaster management prevention as well as in mitigating against environment hazards:

- Are people with disabilities included in disaster management programmes?
- To what extend are they included in educational campaigns against environmental sustainability; disaster management?
- Do they access basic services of safe water, sanitary facilities and other hygiene services?

## **2. Review of Related Literature**

### **Climatic Hazards and People with Disabilities**

It is estimated that there will be at least 200 million people (18 million people with disabilities) displaced by climate events by 2050 (Skoufias, Rabassa and Olivieri,2011). This suggest most people's social and health status are at risk by climatic events and people with disabilities are among the most vulnerable and least equipped to deal with these environmental hazards and shocks such as floods, drought and the impacts of climate change. Such shocks can plunge many of persons with disabilities into poverty or into developing multiple disabilities. (Sight Savers,2013). Limited access to social and environmental participation prevents people with disabilities from responding to hazards and managing risks. Sight Savers (2013) observed a number of threats that make people with disabilities more vulnerable, and these include financial insecurity, lack of inclusive accessible water, sanitation and hygiene services. The argument is that, people with disabilities are left out by able bodied people in all areas of development and sustainability. Thus severe physical disabilities or sensory disabilities such as blindness can be caused by neglected tropical diseases which have been linked to poor hygiene, unsafe drinking water and access to poor sanitary facilities.

Wolbring (2009) asserted that the health status of millions of people including people with disabilities and the prevalence of disabilities are projected to be affected by climate change through increases in malnutrition, increased death, diseases and injury due to extreme weather events, increased burden of diarrheal diseases and the altered distribution of some infectious diseases. This means that disability is both a cause and consequence of poverty, yet domestic and international policy makers as well as stakeholders have not yet recognized or prioritized this issue within international and national development efforts (DFID, 2000). International development efforts such as the agreements at the World Summits need to prioritise inclusion of vulnerable individuals in environmental sustainability issues. The IPCC (2007) reports revealed that the impact of climate change (extreme weather, sea level changes and agriculture productivity changes, leading to food insecurity) will affect the world's poorest people. People with disabilities especially those with profound sensory and physical disabilities are likely to be affected more as they are the most vulnerable to environmental degradation and changes.

### **People with Disability and Sustainable Development**

People with disabilities living in poverty in most developing countries are facing reduced access to clean water, fertile soils and suitable growing conditions for cropping and livestock as well as to fuel-wood and other energy sources, (Care International, 2009) Such implies economic and food insecurity among persons with disabilities. This contributes to ill health and malnutrition and the latter may result to long term or permanent impairments. There are strong links between childhood malnutrition and acquiring impairments. According to World Health Organisation (WHO) and World Bank (2011) 15.9 of Daily Adjusted Life Years (DALYs) worldwide are attributed to childhood malnutrition and malnutrition is estimated to cause about 20 per cent of impairments. This suggests that, people with disabilities face real barriers in accessing food. Moreso, WHO and World Bank (2011) has it that 6.8 per cent of DALYs worldwide are attributable to poor water and sanitation and personal and domestic hygiene. Conflict is a leading cause of physical and psychological disability, and as food and water resources become increasingly insecure, it is anticipated that conflict attributable to climate change will increase. Thus Bongo, Chipangura, Sithole and Moyo (2013) suggest the adoption of a right- based approach that is inclusive of persons with disabilities to food security, water rights and sustainable agriculture. This may assist in improving food quality, ensuring appropriate utilization of food as well as in crisis prevention, preparedness and management. People with disabilities are differently affected and often at higher risk in all phases of a disaster, from exposure to risk and risk perception to preparedness behavior, warning communication and responses (Department of International Development, 2000) This implies physical, psychological, social and economic impacts; emergence response and ultimately to recovery and reconstruction.

## **3. Methodology**

Descriptive survey method was used for this research. We used purposive sampling and snow bowling to select twenty persons with disabilities whom were involved in focus group discussions and interviews. We used snow-bowling method to select 10 parents of children with disabilities whom we interviewed in Mashonaland Central Province in Zimbabwe. Data was analysed using narrative descriptions.

### **Data Capture and Analysis**

Using different data collection tools, including the in-depth interviews, focus group discussions, journalizing and direct observations researcher collected evidence, on the following variables:

- Access to sanitary infrastructures by persons with physical disabilities.
- Current status of community participation of persons with disabilities in disaster management programmes and decision making.
- Access to information on environmental sustainability.
- Sources of evident were documented and these included journalizing and direct observation by researcher.

Single interviews and group interviews were done and the perceptions of these various groups were analysed to determine discernible data patterns based on the main variable of the study.

#### **4. Findings, Experiences and Perceptions**

##### **Access to Sanitary Facilities**

Views of participants on issues of access to sources of water such as boreholes, wells, tap water and access to toilets were sought. There was wide evidence from the experiences of people with physical disabilities that unlike their able-bodied counterparts, they did not have substantial or equal access to sanitary facilities. Inaccessibility was expressed by a number of respondents. Some of the sentiments are captured below:

- Blair toilets are worse, we can't access them.
- The school toilets are not easy for my daughter to access whilst in wheelchair. She ends up crawling and the toilet floors and chambers will be dirty as they are used by the whole school.
- Blair toilets at school are difficult to access by my child who is in wheelchair. The mother spends the day at school so that she assists the child whenever she needs to go to the toilet. She sits at a nearby distance where she is easily summoned by the teacher when our child needs to go to toilet.
- Am pained by the fact that my child's condition does not have a place in this world. All sanitary facilities exclude her.
- Toilets in the home are too high so he struggles to sit. We used to assist him when he was young but he is now a grown up boy. Sinks are too high too, so much as we may want to develop independent skill in the child, and facilities in the home make it so difficult.

##### **Current status of community participation**

Participants expressed their hurtful experiences over exclusionary practices that the micro and macro society does.

Here are some of their views;

- We are not aware of the existence of such programmes in our communities. You are just telling us now of their existence.
- We never participate in our capacity as people with disabilities because we are never invited.
- Personally, I have never come across stakeholders who request for my views.
- Mother, to society we are incapables, we can't make significant contributions.
- We are viewed by society as those who are cursed. The same as the situation in history where persons with leprosy were isolated from main society.
- Nobody is interested in visiting and involving us so that they find out how much knowledge we have. Even you, you are here because you need information from us for the purpose of your research. Otherwise you wouldn't be here.

##### **Access to information on environmental sustainability**

Participants' perceptions were sought about their level of access to information on sustainable development.

Respondents cited a number of barriers which included physical barriers, societal and main one was attitudinal barrier. Some of their views are presented below;

- I have never attended an awareness campaign workshop. Are such workshops carried out here in Bindura?
- I have personally not attended one but on issues of agriculture, I tune in on 'Murimi wanhasi' Programme. (Literally meaning; 'Today's Farmer' Programme) on Zimbabwe Broadcasting Corporation.

- I have noted that people of our calibre are never invited to such workshops. The belief is we are useless, we cannot make meaningful contributions towards community development.

## 5. Discussion

The above responses clearly indicate that people with disabilities are excluded in community development programmes. More so, the response pattern reveal that people with disabilities are not involved or included in issues of sustainable development both at community level to national level by stakeholders, especially on issues of sanitary infrastructural designs.

It was also gathered that people with disabilities especially those who are paraplegic or in wheel chair, find it difficult to access domestic toilets in towns and Blair toilets in both urban and rural areas due to their exclusive designs. Whilst some individuals in wheel chairs asserted that urban squat pans are much accommodative of their impairments, they lamented restrictive doorways.

Gathered data from observations and interviews highlighted that most toilets and clean water sources in regular schools are exclusive, they do not accommodate children with disabilities thus causing high dropout rate. Erratic rains in Zimbabwe have seen most dams falling short of providing adequate water in most cities and towns of the country. This has led most towns and cities to do water rationing. Residence of Bindura (the biggest town in Mashonaland Central Province) for example, access water from the taps for about 3 hours of the early morning and about 3 hours in the evening, starting from around 5p.m. People thus make do with public boreholes which were donated by Humanitarian Organisations in Bindura and other districts of Mashonaland Central. Whilst this is so, people with physical disabilities such as phocomelia (stump hands) as well as those in wheelchairs can't access the borehole facilities. International and local Non Governmental Organisations (NGOs) intervened with various projects to alleviate the water and sanitary crisis which has seen cholera and typhoid outbreaks in some part of Zimbabwe. Such projects include construction of community boreholes and building of Blaire toilets in both urban and rural schools. The noble cause was undermined by interviewed subjects because it left out persons with disabilities at all processes of sustainable development.

## 6. Results

The following results were obtained from the research;

- People with disabilities find it difficult to access safe water, toilets and information on good health practice.
- People with disabilities are excluded from workshops and campaigns aimed at equipping communities with skills about mitigating against environmental hazards, e.g. cholera, shortage of water, just to mention some.
- People with disabilities are not included in community consultations or in decision -making roles. While some are beneficiaries of some community projects, they are not active participants and their access to basic services which includes safe water is limited.
- Able- bodied persons design infrastructure which is exclusive of persons with disabilities.

Thus whilst inclusive policies have been put in place by the government of Zimbabwe, depicted results show that policy is one thing and implementation another in as far as equal participation and sanitary provisions for all is concerned in some part of Zimbabwe. While some organisations are providing such a worthwhile service to the people of Zimbabwe, findings suggest that, they are leaving out the most vulnerable groups in society. Deprivation of a few individuals to accessing sanitary facilities is likely to cause indulgence into unhygienic practices such as use of the bush or open places. Unhygienic practices

by a few individuals can cause havoc for the whole nation in the form of outbreaks of diseases such as cholera and typhoid.

## 7. Findings

Our findings revealed that people with disabilities are excluded from development issues and environmental sustainability programmes;

- People with disabilities and their families reported difficulties in accessing safe water, toilets and information on good health practice.
- There was limited inclusion of people with disabilities on awareness about mitigating against environmental hazards, e.g. cholera, shortage of water, to mention some.
- It was noted that people with disabilities are not included in community consultations or in decision making roles. While some are beneficiaries of some community projects, they are not active participants and their access to basic services which includes safe water is limited.
- Able bodied persons design infrastructure which is exclusive of persons with disabilities.

### **Closed Road to Environmental Sustainability**

Unreliable erratic rains in Zimbabwe has seen most dams falling short of providing adequate water in most cities and towns of the country. This has led most towns and cities to practice water rationing. Residence of Bindura for example access water from the taps for about 3 hours of the early morning and about 3 hours in the evening starting from around 5p.m. People thus make do with public boreholes which were donated by Humanitarian Organisations in Bindura and other districts of Mashonaland Central. Whilst this is so, people with blindness and those with physical disabilities such as phocomelia (stump hands), as well as those in wheelchairs can't access the borehole facilities. The architectures who developed the borehole pump designed it with an able bodied person only in mind. Thus while organisations provided such a worthwhile service to the people of Zimbabwe, it left out one of the most vulnerable groups in society.

Moreso, it was found that people with disabilities especially those who are paraplegic or in wheel chair, find it difficult to access domestic toilets in towns and Blair toilets in both urban and rural due to their exclusive designs. While an international NGO project on sanitary facilities in Muzarabani tried to be inclusive of people with disabilities, it was noted that people with disabilities were not part of decision making process. This concurs with the findings of this research which revealed through interviews and observation that people with disabilities are left out in all processes of sustainable development. People with disabilities in Zimbabwe have a slogan which says 'Nothing for us without us'. This suggests that no one has the right to decide on the best toilet for people with disabilities except themselves, they know what is best for them thus need to be included in all processes of sustainable development.

The research also gathered that most toilets in regular schools are exclusive. They do not accommodate children with physical disabilities and those with sensory impairments such as blindness. Deprivation of a few individual to accessing sanitary facilities is likely to cause indulgence into unhygienic practices such as use of the bush or open places. Unhygienic practices by a few individuals can cause havoc for the whole nation in the form of outbreaks of diseases such as cholera and typhoid. Meanwhile Zimbabwe is up in arms with cholera and typhoid outbreaks which have claimed many lives across the country (The Herald; 13 June, 2012; 26 June 2012).

### **Community Based Rehabilitation**

However, rehabilitation services in Zimbabwe have expanded across the country with almost every district having purpose built rehabilitation department. Both rehabilitation technicians and physiotherapist are being trained locally. Of interest to note is that, Zimbabwe has a very strong Rehabilitation programme, which is however being constrained by lack of transport, in particular, motor cycles, which enable the rehabilitation assistants to get to the hard to reach areas (Souflas, Rabassa & Olivieri; 2011).

While these rehabilitation programmes are real, we have noted with concern that people with disabilities are among the most vulnerable and least equipped to deal with environmental hazards and impact of climate change in Zimbabwe. More so, the programmes tend to target persons with disabilities where by corrections through physiotherapy is done. The thrust of such rehabilitation programmes are noble as they empower persons to be independent in doing daily living activities. But while this empowerment is enhanced, persons with disabilities face challenges of restrictive environments and as results of this study show, most persons with disabilities cannot access toilets due to type of infrastructures that are inaccessible. Some of these exclusionary practices may be a result of lack of knowledge, negative attitude towards persons with disabilities by most communities.

Community Based Rehabilitation (CBR) can go a long way in alleviating challenges experienced by persons with disabilities in communities they reside. Community-based rehabilitation focuses on enhancing the quality of life for people with disabilities and their families; meeting basic needs; and ensuring inclusion and participation (International Labour Organisation(ILO), UNESCO, WHO, 2004 ). It is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services.

CBR from the look of it is the only bridge to inclusive toilets beyond the 2015 development framework as it aims to transfer empowerment and mainstreaming skills not only to persons with disabilities but to family and community members. This is opposed to the centre-based strategy where people with disabilities must travel to a specialised institution to receive rehabilitation services which is a common strategy used by most parts of Zimbabwe. Institutions are often expensive to set up and run. In Zimbabwe however, rehabilitation centres are located in hospitals but then we have noted that they can only cater for a small percentage of people who can access the service.

CBR programmes can empower local people and those with disabilities to spearhead development of appropriate and inclusive sanitation facilities such as boreholes and toilets. Ventilated improved Pit latrines are commonly used in Zimbabwe. Where they have been adopted, communities are considered to have increased access to sanitation. This may not reflect reality since the sign of most VIPs makes them inaccessible to persons with disabilities. Most school toilets have no access ramps, making it difficult for pupils with physical disabilities to access them. Zimbabwe has a policy of enrolling children with disabilities in their home schools. The challenge is children using wheelchairs have problems in accessing and using toilets. Some school toilets have got doors and children with phocomelia and those in wheelchairs have difficulty opening the doors and closing them once inside. Door locks are often too high to reach and limited space inside the toilets restricts movement for those in wheelchairs. Taps are often too high, making washing hands and self cleaning problematic. We note that those pupils who crawl find the floor too dirty, especially as they often crawl with bare hands. Most primary schools do not have water nearby thus pupils with disabilities especially that in infancy, find it difficult to carry water to the latrine for washing.

Community Based Rehabilitation programmes are the only solution to sanitary challenges faced by persons with disabilities as revealed by the findings of this research. The programme gives a sense of ownership by all members of society thus enabling solidarity and commitment as noted by few districts where pilot studies have been carried out by US AID in conjunction with the government of Zimbabwe. Whilst this is so, these programmes have failed to take off because of financial challenges. According to Jairos Jiri Association Newsletter (2014), little funding is channelled towards issues of disability mainstreaming and thus CBR projects fail to take off despite their importance. We feel that universities are part of communities and CBR programmes should be introduced in these institutions of learning so that they produce graduands who may have an impact on issues of inclusivity. In a way, these universities will be giving practical support to communities they serve by encouraging students in relevant

departments such as engineering department to devise sanitary infrastructures that are compatible with their home backgrounds and that are inclusive in nature. Prizes can be awarded to the best inventor, builder, planner or engineer of the semester or year. The advantage of such an approach is that, the universities are likely to plough back resourceful persons in diverse communities.

## 8. Conclusion

The research found that people with disabilities are excluded from development issues and environmental sustainability programmes. Community Based Rehabilitation programme can play a pivotal role in educating and empowering persons with disabilities to advocate for their rights. Communities can also be educated on inclusionary practices and innovative ideas. More so, through skills development among university students, collaborative research and trial projects, CBR can inform policy and fulfil the health for all MDGs beyond the 2015 Development Framework.

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