

Selected social policy issues: Access to and use of potable water by people living with disabilities in Nyakatondo and Foya Villages (Mount Darwin District, Zimbabwe)

Tom Tom

University of South Africa (UNISA), Archie Mafeje Institute for Applied Social Policy Research,
263 Nana Sita Street, Pretoria, South Africa

grantomt@gmail.com

+27609024760

Emmanuel Munemo

Zimbabwe Open University, National Centre, Department of Disability Studies and Special Needs
Education, P. O. Box MP1119, Mount Pleasant, Harare, Zimbabwe

munemoemmanuel9@gmail.com

+263773560652

ABSTRACT

The purpose of the study was to analyse access to potable water by people living with disabilities in Nyakatondo and Foya villages in Mount Darwin district. This district is located in Mashonaland Central Province in Zimbabwe. The study was influenced by the lack of empirical studies on water and disability and the acute potable water problems in the two villages. The researchers applied ethnography to achieve a comprehensive understanding of the problem. The study aims to improve the access to potable water by people living with disabilities in the two villages. This overall aim can only be achieved through appropriate understanding of the factors constraining access to potable water by people living with disabilities. The study shows that access to potable water is a serious development problem in the two villages and generally the northern and north eastern parts of the district due to low rainfall levels, low underground water levels and salty water. These problems imply that potable water poverty is high in the two villages and the other parts of the district. The existence of merely one borehole for each of these two villages that is located far from the villages poses potable water challenges for people living with disabilities and everyone else. Prioritisation of water development and convenient water delivery are key recommendations for the transformation of the wellbeing of people living with disabilities and everyone else. The improved water services in the villages should also entail the designing and redesigning of water facilities to enhance accessibility, access, usability and safety for people living with disabilities.

Key words: potable, water, access, disability and policy

1. INTRODUCTION

Access to and use of potable water is among the essential needs for human survival and wellbeing. It is a natural human right for all human beings worldwide regardless of size, socioeconomic, political and geographical characteristics of their community. However, accessibility to potable is a challenge in some parts of Zimbabwe and countries. Some of the core causes of this challenge include low rainfall, poor water development, limited or archaic water infrastructure, pollution and long distances to water points. Potable water problems are a serious development concern. This development concern become more critical and pronounced when examined from a disability perspective because the people living with disabilities are affected more by potable water shortages.

Social policies in Zimbabwe and other countries are formulated and implemented to improve the wellbeing of citizens. People living with disabilities are a special segment of the population. There is need to transform the wellbeing of people living with disabilities in attempts to transform their wellbeing specifically in relation to access to potable water; and more broadly in relation to their human capability functioning, production, reproduction, protection and social cohesion. The incorporation of these components into social policy theory and practice brings in a transformative social policy framework in the study of access to potable water by people living with disabilities in Nyakatondo and Foya villages in Mount Darwin.

The overall aim is to improve the wellbeing of people living with disabilities in these villages in terms of improved access and use of potable water through a multi-stakeholder response. This study is unique in that it merges disability and potable water as social policy concerns. In addition, these social policy concerns are analysed in the context of a villages, and generally a district that is not missing in most academic literature.

1.1 Mapping the Issue

People who are living with disabilities are found in all communities globally. WaterAid (2010: 1) points out that one in every six people is likely to have some form of impairment. Such impairments may develop to disability. The 2011 World Health Organisation and World Bank Report states that globally, people in excess of one billion have some kind of impairment. In addition, every poor family is most likely to have a member or members with one or several physical impairments. Hosseinpoor, Stewart Williams, Gautman, Posarac, Officer, Verdes, Kostanjsek and Chatterji (2013) point out that people living with impairments are most likely to be poorer compared to the general

population. Poverty and impairments are intrinsically linked, with the later being both a cause and effect of poverty. Poverty levels are higher amongst groups with impairments.

Broadly, WaterAid (2013) argues that development goals are not being realised equitably. In relation to water and sanitation, the International Development Committee (2013) argues that improvements in water and sanitation have barely benefited the poorest sections of the population. There is a high likelihood that the people living with disabilities have benefited from these improvements because they are found in the poorest sections of any society. However, these inequities are usually masked in coverage and statistical representation of beneficiaries such as averages.

There is wider consensus among the authorities on water and sanitation that effective accessibility to potable water and basic water services by people living with disabilities is lagging behind and widely overlooked (WaterAid, 2008: 3). This has led to continued isolation in relation to accessing basic water services underlie poor health and other forms of poverty among the people living with disabilities.

Derbyshire (2012) explains that recently, equitable access has been topical in the water and sanitation sector. However, a key concern was on children and women. However, attempts to prioritise equity more broadly can be noted (Mitlin, 2011). An example is the proliferation of equity in disability studies. However, consultation with people living with disabilities and implementation of projects and programmes aimed at improving access to and use of potable water by people living with disabilities is low.

The situated needs and experiences of people living with disabilities in relation to potable water should be understood and fulfilled. However, proactive policy responses to the plight of the people living with disabilities can only be considered when the hitherto last are prioritised due to greater or unique needs. Putting the last first is a key move in development studies (Chambers, 2012: 14). In addition, enhancing human capability functioning (Sen, 1992) and production, protection and social cohesion through development efforts is essential (Adesina, 2008; 2011; Mkandawire, 2009).

Governments have a duty to progressively facilitate the realisation of equitable access to potable water and other dimensions of development by all the groups in a country. This objective calls for governments to take concrete, deliberate and targeted steps towards the realisation of the goals. Due to the economic, political and technical constraints, noble development objectives may be realised partially or are not realised at all. However, sole government effort may be inadequate in resolving all development problems.

1.2 A Brief Outline of Mount Darwin District

Nyakatondo and Foya villages are situated in Mount Darwin district in Mashonaland Central Province. These villages fall in Ward 3 of the district. Figures 1 and 2 below show the general map of Zimbabwe and Mashonaland Central province respectively. Mount Darwin district and its population distribution by sex are shown in Figure 2. Table 1 below shows the population distribution and the sex disaggregation by ward.

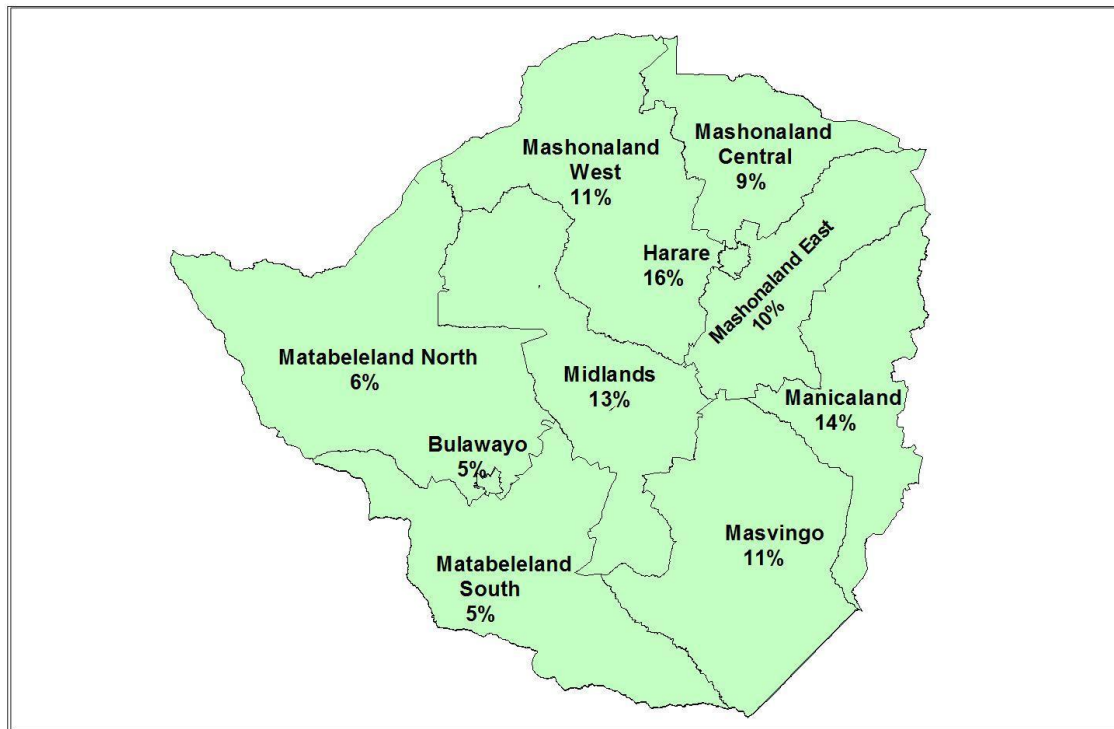


Figure 1: General Map of Provinces of Zimbabwe and Population Distribution by Province

Source: Zimbabwe National Statistical Agency (2012: 9)

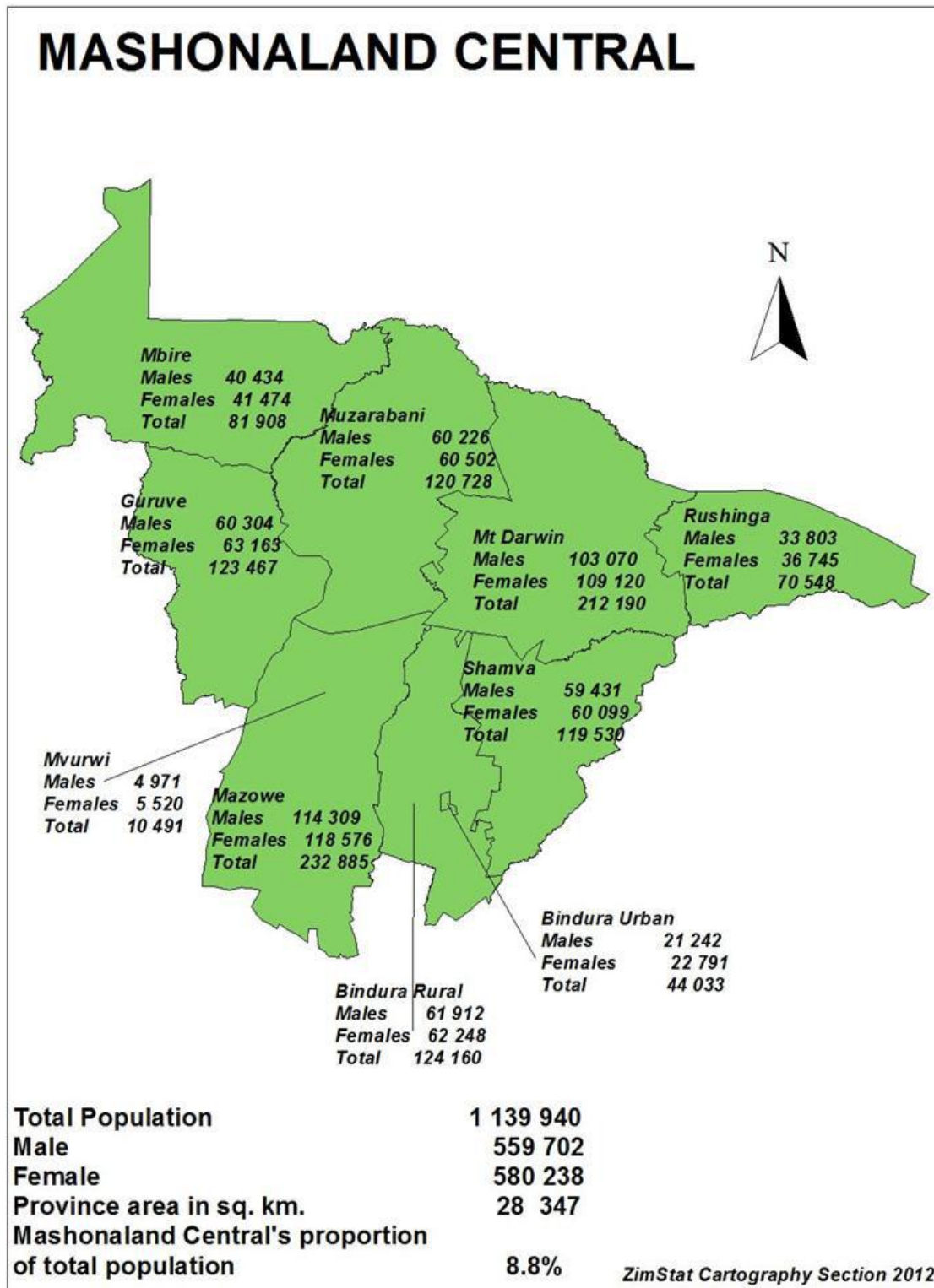


Figure 2: Map of Mount Darwin District and Sex Disaggregation of the population by District

Source: Zimbabwe National Statistical Agency (2012: 26)

Table 1: Population Distribution by Ward in Mount Darwin District

Ward	Population			Households	
	Males	Females	Totals	Number	Average size
Ward 1	1 660	1 769	3 429	809	4,2
Ward 2	5 882	6 347	12 229	2 960	4,1
Ward 3	2 205	2 326	4 531	1 140	4,0
Ward 4	2 039	2 243	4 282	1 030	4,2
Ward 5	2 206	2 239	4 445	1 057	4,2
Ward 6	2 460	2 553	5 013	1 147	4,4
Ward 7	2 621	2 903	5 524	1 248	4,4
Ward 8	3 769	4 174	7 943	1 796	4,4
Ward 9	886	997	1 883	485	3,9
Ward 10	4 331	4 608	8 939	2 058	4,3
Ward 11	2 919	3 217	6 136	1 394	4,4
Ward 12	2 987	3 321	6 308	1 371	4,6
Ward 13	749	724	1 473	312	4,7
Ward 14	3 595	4 028	7 623	1 712	4,5
Ward 15	4 790	5 061	9 851	2 169	4,5
Ward 16	1 959	2 166	4 125	866	4,8
Ward 17	3 053	3 369	6 422	1 451	4,4
Ward 18	3 297	3 435	6 732	1 403	4,8
Ward 19	4 583	4 363	8 946	1 929	4,6
Ward 20	2 582	2 659	5 241	1 076	4,9
Ward 21	410	387	797	174	4,6
Ward 22	4 342	4 338	8 680	1 771	4,9
Ward 23	3 667	4 214	7 881	1 393	5,7
Ward 24	4 223	4 449	8 672	1 958	4,4
Ward 25	707	729	1 436	327	4,4
Ward 26	3 798	4 290	8 088	2 125	3,8
Ward 27	2 480	2 230	4 710	935	5,0
Ward 28	537	536	1 073	221	4,9
Ward 29	656	676	1 332	272	4,9
Ward 30	538	508	1 046	211	5,0
Ward 31	2 102	2 250	4 352	973	4,5
Ward 32	854	937	1 791	427	4,2
Ward 33	3 259	3 499	6 758	1 657	4,1
Ward 34	2 607	2 905	5 512	1 409	3,9
Ward 35	1 919	2 020	3 939	875	4,5
Ward 36	3 852	4 172	8 024	1 850	4,3
Ward 37	1 415	1 486	2 901	714	4,1
Ward 38	1 656	1 844	3 500	780	4,5
Ward 39	2 038	2 057	4 095	801	5,1
Ward 40	3 437	3 091	6 528	1 440	4,5
District Total	103 070	109 120	212 190	47 726	4,4

Source: Zimbabwe National Statistical Agency (2012: 31)

Table 1 above shows the population distribution and the sex disaggregation by ward. However, greater focus is on Ward 3 where Nyakatondo and Foya villages are located. According to the Zimbabwe National Statistical Agency Census of 2012, Ward 3 has a population of 4 531. The sex disaggregation of this total is 2205 males and 2326 females. There are 1140 households in this ward. There is no information on the number of people living with disabilities in these households.

1.3 The Water Situation of Nyakatondo and Foya Villages

Mashonaland Central province lies in Natural Regions 4 and 5. Mount Darwin district generally receives low rainfall and the temperatures are generally very high especially the eastern and northern areas bordering Mozambique. Nyakatondo and Foya villages are among the peripheral villages at the border. In most of these areas, underground water is too deep to be exploited using borehole drilling or protected wells. In some cases the water is accessible but salty. These result in high water poverty levels for almost everyone in these areas. In the rainy season, most people take advantage of the availability of water in rivers or they did shallow unprotected well (World Vision, 2012).

Before the World Vision drilled one borehole for each of these two villages, people dug unprotected wells in Mukumbura, Mhondorodzagomo and Pesve rivers. The consumption of water from unprotected wells increases the vulnerability of the population to water-borne diseases. However, issues remain despite the drilling of the boreholes. The boreholes are few (only one per village) and far from the settlement. The boreholes are located on the Zimbabwe-Mozambique border away from the villages because the water table is too low or due to the salty water. The shortage of potable water and long distance to water points are critical problems for all the people in these villages. However, the problem is more critical for people living with disabilities especially those that limit mobility and sight.

2.0 Methodology

The methodological components of the study are outlined and justified in this section. There are several scholars on research methodology. Among them are Creswell (2012), Punch (2005), Creswell and Plano-Clark (2007), Flick (2006) and Whitehead (2004).

2.1 Research Design

The researchers applied an ethnographic mixed methods design. This is the most appropriate design because the researchers were seeking a holistic, rich and contextual insider's view of access to and use of potable water by people living with disabilities in Nyakatondo and Foya villages. Mixed methods research has been chosen because the research problem has both qualitative and quantitative components. However, the qualitative methods dominated. A comprehensive understanding of the potable water situation in relation to people living with disabilities was sought through ethnography.

2.2 Population and Sampling Techniques

The general population for the study were all the residents of Nyakatondo and Foya villages. However, two types of potential participants were essential in the proposed study. These are the people living with disabilities and the key informants on water service providers. Those who are in the eighteen years and above (18+) age group were sampled because it is legally easier to get their consent. The researchers used purposive and random sampling methods to select the villages and the participants.

2.3 Types of Data and Data Sources

Both qualitative and quantitative data were gathered. These could be primary, secondary or documentary. The types of data gathered in the study and their sources are explained briefly below.

2.3.1 Qualitative data

Data that are based on descriptions and observations were gathered. These could be from primary, secondary and documentary sources. FGDs, in-depth interviews and participant observation were used to gather primary data.

3.3.2 Quantitative data

Numeric data were also gathered from primary, secondary and documentary sources. A structured interview guide was used to collect primary quantitative data. Quantitative analysis was done on the basis of the quantitative data to complement qualitative data analysis.

3.4 Data Collection Methods

The researcher used FGDs, in-depth interviews, participant observation and structured interviews concurrently in an attempt to address the two-pronged character of the study.

(i) Focus Group Discussions (FGDs)

The researcher conducted six (6) FGDs; three with the people living with disabilities and three with the general members of the villages. The villages were selected purposively and the participants randomly. FGDs were important because they created a platform for the emergence of key issues and debates on access to water the people living with disabilities and generally everyone else in the two villages. Small groups of eight to twelve (8-12) participants were appropriate for easier management of the groups. The groups were composed of similar or near similar members in terms of demographic and economic characteristics for 'uniform' group dynamics. Both men and women were included in the FGDs either separately or simultaneously so that the stratified views could be gathered. The key issues that emerged from the FGDs were addressed through in-depth interviews and participant observation.

(ii) In-depth interviews

In-depth interviews were conducted with each of the key informants on social policy in general and water development in particular. The researchers selected key informants from each of the following divisions: Traditional chiefs, headpersons and kraal heads; District Administrator (DA), Officials from the Ministry of Water Affairs and Development, policy makers/analysts, heads or representatives of private organisations or NGOs. A general duration of 1 hour per in-depth interview was used. Advance formal written requests for interviews and permission to record the interviews were sent to potential key informant respondents.

(iii) Participant Observation

A highly flexible and responsive observation criterion was used. In cases where a flexible guide was necessary, the researchers used the following phases of observation: selection of the site or aspects, general definition of what is to be observed, descriptive observations, focused observations, selective observations and documentation of observation. However, these phases were not rigid.

(iv) Structured Interviews

Structured interviews and qualitative data collection methods were applied concurrently. A standardised interview guide that had both open and close-ending questions was applied 'uniformly' to randomly selected key participants. The limitations of structured interviews were managed by the strengths of FGDs, in-depth interviews and participant observation.

2.5 Ethical Considerations

Despite the ethical dilemmas that were encountered, the researchers carried out ethical data gathering and analysis based on informed consent, voluntary participation, avoidance of harm, protection of privacy and providing feedback to the participants.

3.0 A Presentation and Analysis of the Findings

The presentation and analysis of data are in thematic form.

3.1 Impairments pertinent to the study

The researchers concentrated on impairments that limit or prohibit mobility and ability to carry water containers to and from the water point. The numbers of participants in each village with visual and other physical impairments that affect individual accessibility to potable water are shown in Table 2 below.

Table 2: Participants living with disability by village

Name of Village	Number of participants living with disability	Percentage (%) in relation to number of people in the ward
Nyakatondo	57	1.3
Foya	44	1.0
Total	101	2.3

Table 2 shows the number of participants in each village who are living with the targeted disabilities. The Table is not showing all the people living with other diverse disabilities. Statistically, the proportion of people living with disabilities in relation to the population of the ward may appear to be low. However, the wellbeing of all citizens should be prioritised in all the development projects and programmes. Statistical representations have for a long time shrouded the realities and situated experiences of most people living with disabilities in relation to development projects and programmes or their absence. Low statistical proportions do not imply lack of need. In the context of this study, the need to increase the accessibility to potable water by people living with disabilities is greater.

3.2 Social constructs and meanings of disability

The understanding of living with disability is important in general and in understanding access to potable water in particular. The study revealed a general tendency to view impairments as curses from ancestors and God. People living with disabilities often experience stigma and exclusion that

often emanate from limited knowledge and understanding of the causes of their impairments and resulting disabilities.

The family and community views determine the acceptance and support provided to people living with disabilities by the family and community at large. In a context where one is assumed to have impairments because of a curse, acceptance and support are most likely to be low. In addition, disability is generally equated to inability, resulting in people living with disabilities not being consulted or prioritised in development efforts. An example is the design of water points. These social meanings and constructions of disability are serious threats to the integration of people living with disabilities in water and sanitation and other development efforts.

3.3 Distance to and from water points

The distance from the homesteads to the borehole site is a point serious concern that calls for urgent action. On average, the distance to water points is in excess of three (3) kilometres. A person travels at least six (6) kilometres on average to and from the sole borehole. This distance is too long for all the households and is unbearable for those living with disabilities. The situation is even worse for those who are living with disabilities who do not have oxen and ox-drawn carts to fetch water. Those who have oxen and ox-drawn carts may not be able to use them on their own; they need assistance from family and community members. However, given that the incidence of poverty is high among the people living with disabilities; and the general view of disability as a curse implies that a significant number of the people living with disabilities may have to endure the long distances.

3.4 Design of water facilities

The design of the water point (the sole borehole) and the complementary wells that may be dug in the rivers are not 'disability friendly'. The two boreholes in the two villages are not only far from the homestead; they are manually operated. Those with physical disabilities cannot operate the boreholes. The wells are too steep. Both the boreholes and wells raise both access and safety issues. The people living with physical disabilities should rely on family and community support. However, the study showed that such support is not readily available.

3.5 Family and community support in accessing water

The family and wider community are important in improving and sustaining the wellbeing of their members. However, the study showed that support in accessing water for people living with disabilities is not readily available. Some people may volunteer to fetch water for people living with

disabilities. However, some people demand payment for assisting. Most of the people living with disabilities in the two villages cannot afford to pay for assistance.

3.6 Water development efforts and infrastructure

Generally, water development is low in Zimbabwe and other countries. There are no water development efforts in the area to ease the water problem. In addition, there are no efforts to provide the basic infrastructure to move water from the boreholes to convenient points in the villages. The community members lack the financial and technical resources to develop water resources and put in place water infrastructure. No plans exist for such a noble goal on the part of the government, Non Governmental Organisations and community-based organisations. This is a development gap.

4.0 Recommendations

Key recommendations that are derived from the analysis of data are briefly explained below.

- 4.1 Deconstructing the negative constructs and meanings attached to people living with disability for enhanced acceptance of and support for people living with disabilities. Both the state and non state actors should engage the community through targeted education programmes on disability.
- 4.2 Urgent water development and installation of water infrastructure that moves water to convenient points in the villages should be prioritised. This initiative will reduce the distance between homesteads and water points. Networking and collaboration of the community, government, private sector and NGOs is important because of the financial outlays involved.
- 4.3 Designing and redesigning water facilities to ease entry and use by people living with disabilities. Accessibility, access, usability and safety for people living with disabilities should be prioritised when designing and redesigning water sources.
- 4.4 Disability should be given due recognition as a social policy issue. The wellbeing of all individuals and groups should be considered by the government and other actors in water service provision to achieve transformation. Water policies and specific programmes should reflect a disability perspective.
- 4.5 Consultation of people living with disabilities to achieve inclusive practice in potable water provision. This is in line with Long's (1992) Actor-oriented and Sen's (2014) Human capability functioning approaches to development.

5.0 CONCLUSION

The purpose of the study was to analyse access to potable water by people living with disabilities in Nyakatondo and Foya villages in Mount Darwin district. This district is located in Mashonaland Central Province in Zimbabwe. Access to potable water is a serious development problem in the two villages and generally the northern and north eastern parts of the district due to low rainfall levels, low underground water levels and salty water. These problems imply that potable water poverty is high in the two villages and the other parts of the district. The existence of merely one borehole for each of these two villages located far from the villages poses potable water challenges for people living with disabilities and everyone. Prioritisation of water development and convenient water delivery are key recommendations for the transformation of the wellbeing of people living with disabilities and everyone else. The improved water services in the villages should also entail the designing and redesigning of water facilities to enhance accessibility, access, usability and safety for people living with disabilities.

REFERENCES

- Adesina, J. (2009). 'Social Policy in Sub-Saharan Africa: a glance in the rear-view mirror'. *International Journal of Social Welfare*, 18: S37-S51.
- Adesina, J. (2010). *Return to a Wider Vision of Development: Social Policy in Reframing a New Agenda*. Keynote Address delivered at the 48th Session of the UN Commission for Social Development (3 February). New York: UN Headquarters.
- Chambers, R. (2012). 'Equity and Inclusion: Pulling the scales from our eyes' in WSSCC (ed.) *Global Forum on Sanitation and Hygiene: Insights on Leadership, Action and Change*. Geneva: Water Supply and Sanitation Collaborative Council.
- Creswell, J. W. (2012). *Research design: qualitative, quantitative and mixed approaches (4th Ed.)*. Thousand Oaks: Sage.
- Creswell, J. W., and Plano-Clark, V. L. (2007). *Designing and Conducting Mixed Methods Research*. Thousand Oaks, CA: Sage.
- Derbyshire, H. (2012). 'Gender mainstreaming: recognising and building on progress: views from the UK Gender and Development Network', *Gender and Development*, 20(3): 405-422.
- Flick, U. (2006). *An Introduction to Qualitative Research (3rd Ed.)*. London: Sage.
- Hosseinpour, a. R., Stewart-Williams, J. A., Posarac, A., Verdes, E., Kostanjsek, N and Chatterji, S. (2013). 'Socioeconomic inequality in disability among adults: a multi-country study using the World Health survey', *American Journal of Public Health*, 103(7): 1278-1286.

- International Development Committee. (2013). *Post-2015 Development Goals-Eighth Report*. UKParliament
<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmintdev/657/65702.htm>.
- Mitlin, D. (2011). *Equity and Gender Pathfinder*. London: Sanitation and Hygiene Applied Research for Equity.
- Punch, K. (2005). *Introduction to social research: quantitative and qualitative approaches (2nd Edition)*. London: Sage Books.
- Sen, A. K. (1999). *Development as Freedom*. Oxford: Oxford University Press.
- WaterAid and NCPD. (2010). *Report on NCPD Workshop on Mainstreaming Disability Issues in Water, Sanitation and Hygiene Services*. Accra: WaterAid and National Council for People with Disabilities.
- WaterAid and WEDC. (2013). *Mainstreaming disability and ageing in water, sanitation and hygiene programmes*. London: WaterAid.
- Whitehead, T. L. (2004). *What is Ethnography? Methodological, Ontological and Epistemological Attributes. Research Systems (IECCARS) Working Paper Series*. Maryland: University of Maryland.
- World Health Organisation and World Bank. (2011). *World Report on Disability*. Geneva: WHO/WB.
- World Vision. (2012). *Zimbabwe: Country Report*. Harare: World Vision.
- Zimbabwe National Statistical Agency. (2012). *Zimbabwe National Census Report*. Harare: ZIMSTAT.