SUOMI
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Community-led Accelerated WASH Project, Phase IV (COWASH IV)



COWASH Disability Inclusion Guideline

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CMP

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ACRONYMS

CLTSH	Community-Led Total Sanitation and Hygiene
CMP	Community Managed Project
COWASH	Community-Led Accelerated WASH
CRPD	UN Convention on the Rights of Persons with Disabilities
DPO	Disabled People's Organization
ECDD	Ethiopian Centre for Disability and Development
ENAD	Ethiopian National Association of the Deaf
ENADB	Ethiopian National Association of the Deaf-Blind
ENAID	Ethiopian National Association on Intellectual Disability
ENAPAL	Ethiopian National Association of Persons Affected by Leprosy
ENDAN	Ethiopian National Disability Action Network
EWDNA	Ethiopian Women with Disabilities National Association
FENAPD	The Federation of Ethiopian National Associations of Persons with Disabilities
FTAT	Federal Technical Assistance Team
GTP II	Growth and Transformation Plan II
HEW	Health Extension Worker
MoE	Ministry of Education
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MoWE	Ministry of Water and Energy
MoWSA	Ministry of Women and Social Affairs
MSEs	Micro and Small Enterprises
NGOs	Non-Governmental Organization
NPA	National Plan of Action of Persons with Disabilities
NWCO	National WASH Coordination Office
ODF	Open Defecation Free
PTAs	Parent and Teacher Associations
RSUs	Regional Support Units
SDG	Sustainable Development Goals
TVET	Technical and Vocational Education and Training
WASH	Water Sanitation and Hygiene
WASHCO	Water Sanitation and Hygiene Committee
WEDC	Water, Engineering and Development Centre
WIF	The WASH Implementation Framework

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Guzman, Huuhtanen, Katsui, Kilpelä, Koistinen, Pesola and Tuure (2016) *Inclusive WASH activities in the Global South*.

https://www.vammaiskumppanuus.fi/wpcontent/uploads/2016/05/Inclusive_WASH_Activities_in_the_Global_South.pdf

This guideline also draws on the work of WaterAid in Ethiopia as well as the following publications:

Abebe Yehualawork (PhD), (April 2022). COWASH Disability Inclusion Training. Addis Ababa University, Special Needs Education Department. Power Point Presentation. (Used in the updating time)

Brujin, Regeer, Cornielje, Wolting, van Veen and Maharaj (2012) *Count Me In. A practical guide for organisations in North and South.* Light for the World.

Coe and Wapling (2010) *Traveling Together. How to include disabled people on the main road to development.* World Vision UK.

Jones and Wilbur (2014) *Compendium of accesssible WASH technologies.* WEDC, WaterAid and Share.

OpenWASH (2018) Count me in! Inclusive WASH in Ethiopia, The Open University UK/WaterAid. (Used in the updating time)

UNRWA (2017) Disability Inclusion Guidelines.

PART A: DISABILITY INCLUSION IN COWASH PHASE IV

1. INTRODUCTION

COWASH Project Phase IV started in April 2021. The project will last for four years, i.e. December 2024 and is operational in 104 woredas of seven Administrative Regions (Amhara, Benishangul Gumuz, Oromia, Sidama, SNNP, SWEP and Tigray). COWASH IV project impact statement reads improved public health and well-being, social development and climate resilience in the communities in the Project area.

COWASH Phase IV is a continuation of, i.e. August 2016- March 2021, including the nine months extension in implementing COVID Emergency Support and Resiliency Building in WASH project between July 2020 and March 2021. COWASH IV is designed to intensify interventions that have been started in the previous phases of COWASH. Likewise, disability inclusion that has been added as a new component in phase III also remains a strong focus in the present phase. COWASH aims to increase the awareness, understanding and capacity of relevant stakeholders in the WASH sector at all levels on disability issues. All water and sanitation facilities built should be accessible for all and persons with disabilities should be increasingly included in the community WASH activities.

The output 4.3 of outcome 4 of the project sets disability inclusion as one of the key objectives of the project:

Outcome 4: Sustainability and inclusivity of achieved WASH outcomes enhanced

Output 4.3: Women empowerment and disability inclusion in WASH management enhanced

The focus of this guideline is on the inclusion of persons with disabilities in WASH in general and COWASH phase IV activities in particular, but the barriers described and solutions provided can be applied to other marginalized groups. Making water, hygiene and sanitation facilities more accessible **benefits everyone in the community**, including children, pregnant women, people who are ill or the elderly - those who may find it difficult to walk long distances, to grip and/or to squat. Having access to safe drinking water and sanitation services, and having the participation and contribution of all community members recognized, is central to living a life of dignity. The 2030 Agenda for Sustainable Development clearly states that disability cannot be a reason or criteria for lack of access to development programming and the realization of human rights. The Sustainable Development Goals (SDGs) framework includes seven targets, which explicitly refer to persons with disabilities, and six further targets on persons in vulnerable situations, which include persons with disabilities. The fulfilment of the rights to water and sanitation for all (and reaching the SDG 6) require an explicit focus on the most disadvantaged and marginalized ones. In nowadays, there is a conviction that disability is a human diversity and it is a naturally occurring event and a fact of life. Disability is a reality in any society. Based on The World Report on Disability, approximately 17% of the population of Ethiopia have some form of disability[1]. One billion people, or 15% of the world's population, experience some form of disability. Persons with disabilities are more likely to experience adverse socioeconomic outcomes such as less education, poorer health outcomes, lower levels of employment, and higher poverty rates[2].

[1] World Health Organisation and World Bank (2011) World Report on Disability. www.who.int/disabilities/world_report/2011/report.pdf

[2] The World Bank, October 2021. https://www.worldbank.org/en/topic/disability#1

This Guideline has been written for COWASH project stakeholders at all levels. It is meant to raise awareness on disability issues and provides practical information about how the rights and needs of persons with disabilities are to be addressed and mainstreamed within COWASH Phase IV. The guideline has been divided into three parts that can be used either together or as independent sections.

Part A of the guideline provides an overview of disability as well as how disability inclusion is implemented in COWASH phase IV by stakeholders at Federal, Region, Zone, Woreda and Kebele levels.

Part B of the guideline gives technical solutions for inclusive WASH at the household, community and institutional levels. This information and technical specifications aremeant for all level COWASH stakeholders, contractors, local authorities and community members.

Part C consists of a set of trainings on disability inclusion for COWASH actors to use in Training of Trainers as well as community-level trainings.

2. UNDERSTANDING DISABILITY

2.1. DEFINING DISABILITY

Two key concepts to defining and understanding disability are **impairment** and **disability**. These two terms are often used interchangeably, but there is an important distinction between them.

Impairment is the "purely factual absence of or loss of functioning in a body part". It refers to **problems in body function or structure** as a result of a chronic health condition (e.g. diabetes), malnutrition, illness (e.g. polio or malaria) or injury (e.g. accidents in the home, traffic accidents, violent conflict, landmines). Sometimes the cause of the impairment is not known or not diagnosed. Health conditions leading to disability are very much affected by environmental factors, such as safe water and sanitation, nutrition, poverty, working conditions, climate, pollution, or access to health care. An impairment may be present from birth or acquired later in life. Hence, the term impairment may result in activity limitation based on the degree. severity, type and onset of the impairment.

There are four broad types of impairments based on how they affect the functioning of the individual:

- **Physical impairment** means a difficulty in movement and mobility (e.g. walking, climbing stairs); body movements (e.g. reaching, kneeling down); and using hands (e.g. gripping or using fingers). Persons with physical impairments may use assistive devices such as walking sticks, crutches or wheelchairs.

- **Sensory impairment** includes visual, hearing and communication impairments.

    - **Visual impairment** is a generic terminology that comprises total blindness and low vision. Persons with total blindness can possess information using tactile and audio-formats for medial of communication.

    - **Hearing impairment** is also another generic terminology that comprises deafness and hard-of-hearing. Depending on their situation, persons with hearing impairments may communicate with spoken or sign language depending on the level of their hearing capacity.

- **Speech impairment** includes persons with difficulty in speaking or those that have difficulties in understanding other people.

- **Intellectual impairment** includes persons with limited ability to understand new or complex information and to learn and apply new skills. This may impact their skills in language and memory; their social skills; or their personal care and responsibilities (cognitive ability and adaptive skills).

- **Psychosocial impairments** are related to severe and chronic mental health conditions that cause difficulties related to behavior, caring for themselves, confused thoughts and distress. These difficulties in turn may impact on their social skills and participation.

Disability has a broader meaning than impairment. Disability is an umbrella term, covering impairment, activity limitations (e.g. inability to access a toilet) and participation restrictions (e.g. difficulties going to school or in being employed) due to not only the impairment but also to barriers encountered in society. An impairment becomes disabling when individuals are prevented from participating fully in society because of social, political, economic, environmental or cultural factors. "Disability is not something individuals have. What individuals have are impairments. Disability is what happens when people with impairments encounter a society created by and for people without impairments"[3]. Disability is therefore not simply an attribute of the individual: rather it is an **interaction between the person and his or her environment**.

The UN convention on the Rights of Persons with Disabilities uses the following definition:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with attitudinal, environmental or institutional barriers hinder their full and effective participation in society on an equal basis with others (CRPD, Article 1, 2008).

Persons with disabilities are diverse and heterogeneous in Ethiopia. While stereotypical views of disability emphasize wheelchair users and other "classic" groups such as blind people and deaf people, every individual with a disability is unique – just like non-disabled persons. Persons with disabilities have diverse personal factors with differences in gender, age, social and economic status, sexuality, ethnicity, or cultural heritage. Each has his or her personal responses to disability. While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. Women and girls with disabilities experience the combined disadvantages associated with gender as well as disability, including both gender-based as well as disability-based discrimination which can be manifested through over protection, stereotyping, derogation, and hero worshiping as well as abuse and exclusion. Persons with more severe impairments often experience greater disadvantage. However, family and community support, education, wealth and income can help overcome activity limitations and participation restrictions.

Interventions and actions aimed at enabling people with disabilities to participate in all spheres of life must therefore move beyond rehabilitation and medical treatment. Enabling people to participate in social life can largely be achieved by addressing the barriers that hinder persons with disabilities in their day-to-day lives. These barriers are often due to the way society and communities are organized.

[3] National Plan of Action of Persons with Disabilities, MoLSA, 2012

2.2. BARRIERS TO INCLUSION

There are several barriers that cause the exclusion and hinder the participation of persons with disabilities and other marginalized persons from WASH initiatives. Most problems are caused by external factors such as social, physical/environmental and institutional barriers. In order to ensure that WASH planning, implementation and management includes and serves all, the different barriers to inclusion need to be recognized.

2.2.1. Attitudinal (social and cultural barriers)

Attitudinal (social and cultural) barriers, prejudice and discrimination cause the biggest problems to persons with disabilities. ~~In Ethiopia, having a~~ Disability is associated with shame, fear and/or pity, easily leading to isolation or overprotection. Disability is often also seen as a curse. In order to avoid discrimination, the family may keep the person with a disability hidden at home. Persons with disabilities may be prevented from sharing family or community facilities for fear that they will contaminate the water or soil of the facility for other users. These attitudinal (social and cultural) barriers are not only found at the community level, but also in the attitudes of WASH sector actors at all levels. Negative language reflects and can reinforce prejudice.

> *"My family sent my sisters and brothers to school but they are keeping me at home because they are ashamed of me. They don't want to say "she's my sister", and my dad, he doesn't want to say he has a disabled daughter. When children are playing outside I was not playing with them. I am hiding myself too."* (One female respondent explains about her situation in the household and community in Butajira, SNNPR.[4])

Social barriers are compounded when persons with disabilities are unable to attend community meetings where WASH-related issues are discussed and decisions are made, due to physical inaccessibility of the meeting place, lack of understanding why persons with disabilities should attend these meetings, lack of financial resources to facilitate their participation, and/or lack of accessible transportation and information.

2.2.2. Environmental and physical /technical barriers

Environmental barriers include natural or physical/technical barriers that prevent persons with disabilities from participation. PWD encounter these barriers in areas such as: public transport, hospitals and clinics, schools and housing, shops and marketplaces, places of worship, media and communications, etc. These barriers prevent both the access to WASH facilities and participation in WASH meetings, events and activities.

Natural barriers can include uneven, rough or steep paths on muddy and/or slippery ground. It often happens that pathway are completely inaccessible. For many, meeting venues and water sources are too far away and sanitation facilities non-existent.

Physical /technical barriers include high steps and concrete platforms, narrow entrances, lack of or too heavy doors, narrow cubicles, lack of light and handrails. Many children with disabilities are excluded from schooling due to non-existent or inaccessible water and sanitation facilities. For example, barriers in schools' sanitary facilities can include a lack of toilets in general, uneven paths leading to toilets, absence of supporting aids, and limited

[4] Wilbur, J (2010) Principles and practices for inclusion of disabled people in access to safe sanitation. A case study from Ethiopia. WaterAid Briefing note, UK.

space. Improving and maintaining user-friendly toilets in schools can contribute to improving the learning environment for all children.

> "*I moved to Butajira to go to school. I stay in a rented house. The latrine is shared with several people, and the design is totally inappropriate for me. I use a wheelchair, but because the latrine entrance is raised, I have to get off my wheelchair and crawl into the dirty toilet. The latrine blocks are also raised, making it even harder for me to use the latrine."* (Aleka, age 18[5])

2.2.3. Communication barriers

A communication barrier is anything that prevents persons with disabilities from receiving and understanding the messages others use to convey their information, ideas and thoughts. It is inaccessibility of information and communication due to lack of assistive devices or support person (like sign language interpreters). Communication barrier prevents effective communication with and by people with disabilities. These barriers vary with different types of impairment. For example, visually impaired people need non-visual resources to receive information such as listening to audio recordings or, if they are able to, reading from Braille[6]. They face a communication barrier if these alternatives are not available. Similarly, deaf people rely on visual communication such as signposts to help them find their way. If they are able to use and read sign language, they may not be able to communicate effectively if a sign language interpreter is not available. People with intellectual impairments may need messages in a simple or visual format, or communication to come through care givers who can help them understand[7].

2.2.4. Institutional barriers

Legislation, policies and action plans related to marginalized groups lack directives, strategies and guidelines for implementation. In addition, the relevant ministries/ bureaus may not be aware of these policies. Consequently, persons with disabilities and other marginalized community members are frequently left out of planning, implementation and management of WASH facilities.

Moreover, many policy makers, regulators and WASH sector actors are unaware of the barriers that prevent participation and access to water and sanitation facilities by persons with disabilities, who are therefore rarely consulted about their needs. They are not familiar with inclusive solutions and tend not to have enough training opportunities on inclusion. At the same time MoLSA and DPOs have a weak presence and capacity in the woredas and have weak links with the WASH sector actors. DPOs are also usually unaware of the technical solutions available to remove the barriers in accessing WASH. Similarly, although charged with providing services to, and promoting the inclusion of persons with disabilities, social affairs officials rarely are aware of disability issues when it comes to WASH activities.

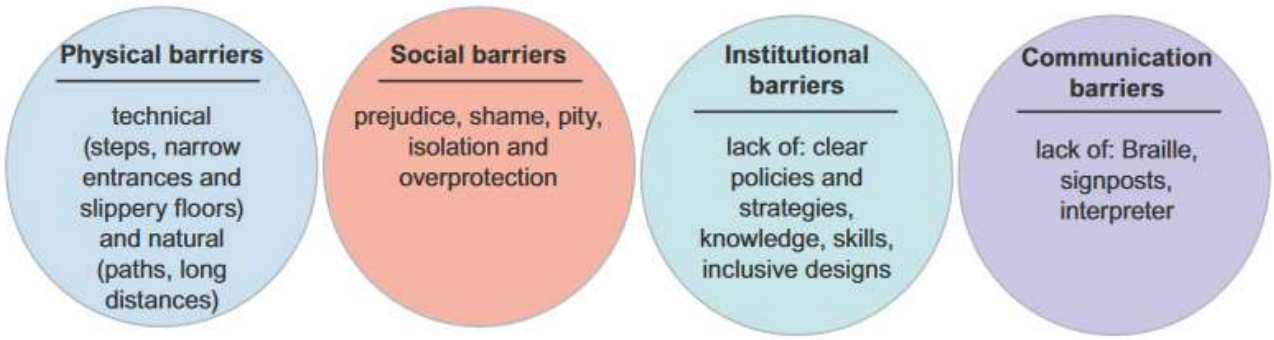
[5] WaterAid Ethiopia (2006) Equal access for all, Briefing note 9.

[6] It is a system of writing using raised dots on a page that represent different letters. The letters are read by running your fingers over the paper so you can feel the dots. The system is named after its inventor, Louis Braille

[7] OpenWASH (2018) *Count me in! Inclusive WASH in Ethiopia,* The Open University UK/WaterAid.

As per the One WaSH-Consolidated Water Supply, Sanitation and Hygiene Account Project assessment report of institutional and key social issues[8] (Jan 2019), An estimated 15 million people in Ethiopia or 17.6% of the population have a physical disability, the vast majority of who live in rural areas (ILO, 2012). People with disabilities are largely invisible to WASH service providers and significant physical, environmental, social and institutional barriers limit their access to WASH facilities (WaterAid 2013). The specific needs of disabled people, for example: the need for water above average demand, because of frequent falls, illness or difficulties in reaching WASH facilities; their dependency on care-givers for water supplies because of distance to water points and the daily compromises to their safety, dignity and self-respect as they try and meet their WASH needs, are rarely considered in WASH planning (Satherwaite, 2012, Mathewman, 2006). People with movement disabilities, for example can face almost insurmountable challenges in accessing sanitation. For those who have to crawl, entering a poorly maintained latrine on hands and knees is a health risk as well as a humiliation. Institutional WASH facilities such as latrines at schools and health facilities are often inaccessible to people with disabilities due to poor design with respect to those with compromised physical mobility or those who are blind (Mathewson, 2006).

Institutional barriers also include lack of inclusive standard designs, monitoring, and reporting.



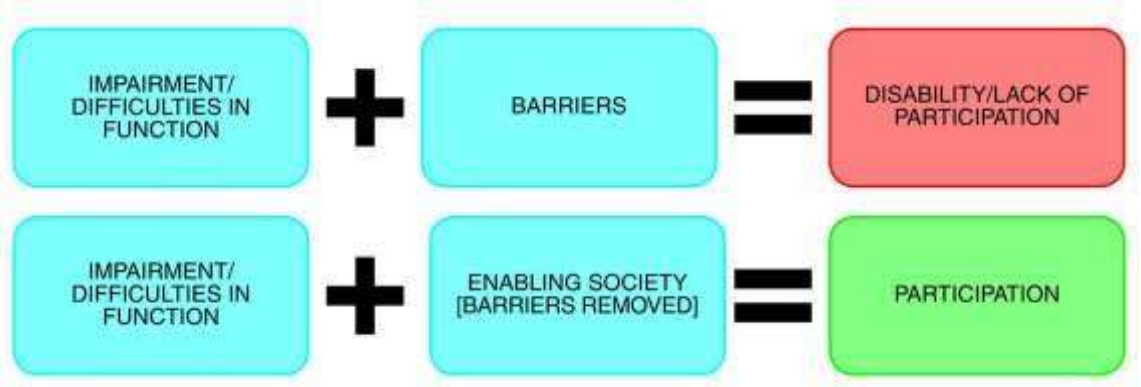
Barriers to Inclusive WASH[9]

2.2.5. Interaction between impairment and barriers

When a person with impairment faces barriers, this results in a lack of participation. It is therefore society that creates a disabling situation for persons with disabilities. When barriers in a person's community are removed, that person with disability is able to participate on an equal basis with others. This means that people with the same type of impairment may have completely different lives depending on the barriers they face, where they live, what access they have to services, and how their communities perceive and accommodate them.

[8] MoWE (Jan 2019) One WaSH-Consolidated Water Supply, Sanitation and Hygiene Account Project (One WaSH-CWA-P167794), Updated Social Assessment Report. Addis Ababa, Ethiopia

[9] OpenWASH (2018) Count me in! Inclusive WASH in Ethiopia, The Open University UK/WaterAid



The following examples illustrate the interaction of impairment, functioning, barriers, participation and disability.

- Ten-year-old Mesfin's eyes are damaged **(impairment)** due to an eye disease, and he develops difficulties in seeing **(difficulties in function)**. His school refuses to take him back as they don't have the resources to support a child with visual impairment **(attitude of the school staff – barrier)**. There are no other schools in his community and therefore Mesfin cannot go to school **(disability/ disabling situation)**.

- Daniel was born with Down's syndrome **(impairment)**, which affected his ability to understand, learn and remember **(difficulties in function).** He also had difficulties in walking **(difficulties in function)**, as his balance is affected. His parents never enrolled him in school **(disability/disabling situation)**, as they didn't think there was any point in educating him, and they also feared he would be bullied **(parents' attitude – barrier).** [10]

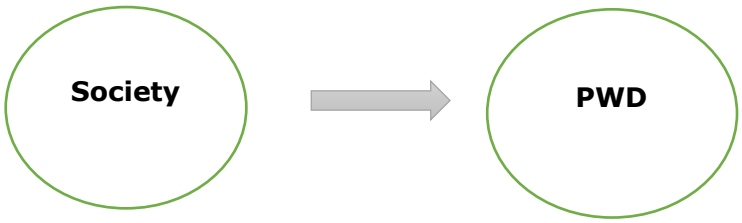
2.3. EVOLUTION OF THE CONCEPT OF DISABILITY

There are many different ways of understanding or interpreting disability. In order to understand how disability is currently viewed, it is helpful to look at the way the concept of disability has evolved over time as described below. These are the different models that societies understand disability:

- **Traditional or charity model**: Historically, disability was largely understood in mythological or religious terms, e.g,. people with disabilities were considered to be possessed by devils or spirits; disability was also often seen as a punishment for past wrongdoing. These views are still present today in many traditional societies. The model assumes that persons with disabilities are objects of charity, cure or protection and sees them as victims of their impairment. It does not expect a person with a disability to be able to make any contribution and therefore undervalues the individual. People with disabilities are to be pitied and need help, sympathy, charity and welfare in order to be looked after. This old approach addresses disability through charity, creating special schools and special welfare programs for persons with disabilities.

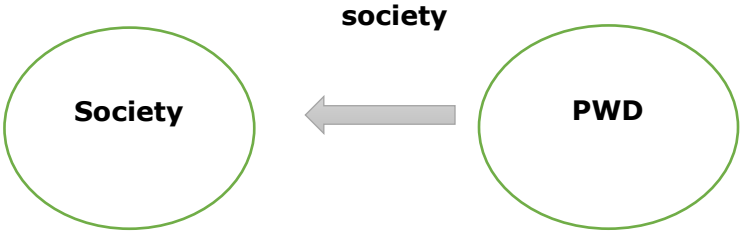
[10] UNRWA (2017) Disability inclusion guidelines.

Diagram 1: PWDs outside of society and society giving to PWDs



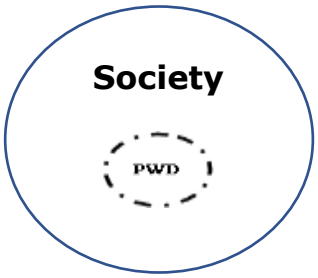
- **Individual/Medical Model**: In the nineteenth and twentieth century's developments in science and medicine helped to create an understanding that disability has a biological or medical basis with impairments in body function and structure being associated with different health conditions. It defines disability as an individual health problem, illness or impairment (relies on a purely medical definition of disability). The problem is placed on the individual and is primarily focused on cure and the provision of medical care by professionals; the response is to look for a cure or rehabilitation so that the person can adapt to the society. This model was predominant for several decades, and it still exists within some contexts. This model is also referred as bio-centric model of disability which regards disability as a medical or genetic condition. However, not all people with disabilities need medical care or rehabilitation, and it's wrong to assume that all persons with disabilities have health problems.

Diagram 2: PWDs outside of society and PWDs should adapt to fit society



- **Social Model /Human Rights-Based model**: In the 1960s and 1970s, the individual and medical view of disability was challenged and a range of social approaches were developed, e.g. the social model of disability. These approaches shifted attention away from the medical aspects of disability and instead focused on the social barriers and discrimination that people with disabilities face. It focuses on the barriers that prevent persons with disabilities from being accepted and included. This model recognizes that impairment is a part of human diversity. The need for medical intervention is not discarded, but the main focus is on the removal of barriers created by society. It is not the individual who needs to be "fixed", but the society which needs to change by becoming more inclusive. This approach means that persons with disabilities are seen as citizens with equal rights to be included in and benefit from development initiatives – including access to water and sanitation, schooling, health services etc. Person spirits with disabilities should be recognized and accepted as full and equal members of society who have important contributions to make to their families and communities.
-

Diagram 3: PWD as part of Society



In line with the Ethiopian National Plan of Action of Persons with Disabilities and the UN Convention on the Rights of Persons with Disabilities, this COWASH Guideline uses the social and human rights models to understand disability.

However, public attitudes in Ethiopia remain rooted in the charity and medical models. The prevailing social, cultural and religious context presents barriers to the full participation and inclusion of persons with disabilities. Common beliefs and misconceptions as to the cause of disability and the capabilities of persons with disabilities result in predominately negative public attitudes and behavior towards persons with disabilities. Discrimination, abuse, marginalization and exclusion are common.

Persons with disabilities in general suffer from poor access, frequent falling, sweating, and crawling. Persons with disabilities in Ethiopia, especially in rural areas, continue to be confronted with:

- Cultural beliefs that associate disability with spiritual evil;
- Family members afraid to have disabled family members be seen in public;
- Lack of awareness of the persons with disabilities ability to contribute and participate in the community which leads to the exclusion in decision-making;
- Poverty, food insecurity, lack of access to water and sanitation, clothing, housing and assistive devices;
- Lack of access to public services, educational and vocational training, and employment opportunities; and
- Verbal, physical and sexual abuse, especially girls and women with disabilities.

3. DISABILITY IN THE GLOBAL AGENDA AND IN ETHIOPIA

3.1. SUSTAINABLE DEVELOPMENT GOALS (SDGS)

In 2015 the member States of the UN including Ethiopia set an agenda to end poverty, promote peace, share wealth and protect the planet by 2030. The Agenda 2030 includes 17 Sustainable Development Goals (SDGs)[11], giving specific attention to people who are the most marginalized groups with an intention to making sure the motto of the program, "no one is left behind". Disability is explicitly mentioned in multiple parts of the Agenda, and in others relevant Goals of the program that made reference to vulnerable groups as well as "access for all" which includes persons with disabilities. The Agenda is being put into action by each member country, in partnership with all stakeholders.

[11] http://www.un.org/sustainabledevelopment/sustainable-development-goals/

The SDG 6 is specifically designed to "**Ensure availability and sustainable management of water and sanitation for all**".

The targets under this goal include to be achieved by 2030:

- **Achieve universal and equitable access to safe and affordable drinking water for all**
- **Achieve access to adequate and equitable sanitation and hygiene for all and an end to open defecation, paying special attention to the needs of women and girls and those in vulnerable situations in this intervention.**

The targets are further defined in the following way / The SDG targets are relevant and similar with WASH targets as described hereunder:

- Universal: all settings including households, schools, health facilities etc.
- Equitable: elimination of inequalities between groups of people
- Accessible: sufficient water to meet domestic is reliably available close to home; and sanitation facilities are close to home and can be easily reached and used when needed
- Affordable: payment does not present a barrier to access
- For all: **suitable to use by men, women, girls and boys of all ages including persons living with disabilities**

3.2. THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD) , 2006

In 2006 the UN General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD)[12], and the Government of Ethiopia ratified the CRPD on June 01, 2010 and made the law of the land by Proclamation No. 676/2010 as per Article 9 (4) of the FDRE Constitution. The CRDP is an international human rights treaty intended to protect the rights and dignity of persons with disabilities. Parties to the Convention are required to promote, and protect the full enjoyment of human rights by persons with disabilities and ensure that they enjoy full equality under the law.

There are eight guiding principles in the Convention stated under Article 3:

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
2. Non-discrimination;
3. Full and effective participation and inclusion in society;
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
5. Equality of opportunity;
6. Accessibility;
7. Equality between men and women;
8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

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The Convention has 50 articles, each defining the rights of persons with disabilities (e.g. right to education, health, employment etc.) and the obligations of states parties towards them. Article 28 of the Convention states that governments shall take appropriate steps to safeguard and

[12] https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-withdisabilities/convention-on-the-rights-of-persons-with-disabilities-2.html

promote the realization of an adequate standard of living for persons with disabilities, including ensuring equal access to clean water.

As of October 06, 2021, The Ministry of Women and Social Affairs (MoWSA) is the focal point in Ethiopia for matters related to the implementation of the CRPD (previously it was Ministry of Labor and Social Affairs). In each of the 11 regions and 2 administrative cities of the country, the Bureau of Women and Social Affairs / Labor and Social Affairs (in regions restructuring not done) is responsible to implement national disability policies and promote the integration of persons with disabilities at the regional level. Besides MoWSA/ MoLSA, the other main ministries involved in disability policy and programme implementation are the Ministries of Health and Education. However, all federal ministries are required to promote equal opportunities and the full participation of persons with disabilities, as follows: "Each Ministry shall have the powers and duties to create, within its powers, conditions whereby persons with disabilities and HIV/AIDS victims benefit from equal opportunities and full participation."[13]

In all branches of the government, disability focal persons should be assigned/appointed to ensure disability mainstreaming in all sectors and programmes though this has not yet been put into place in practice in all regions and sector offices.

3.3. ETHIOPIAN NATIONAL PLAN OF ACTION OF PERSONS WITH DISABILITIES (2012-2021)

Following the ratification of the CRPD, the Government of Ethiopia developed a ten-year National Plan of Action of Persons with Disabilities (NPA)[14]. The plan was prepared to promote, protect and ensure the full and equal enjoyment of fundamental rights, public services, opportunities for education and work, and the full participation in family, community and national life by all persons with disabilities in Ethiopia. The goal is to improve the situation of persons with disabilities and to achieve an inclusive society.

The NPA has as conceptual basis a social and human rights based understanding of disability. This means that all persons, including those with disabilities, have the same rights. As disability is a cross-cutting, multi-sectoral issue, it is expected and required that each concerned Federal Ministry or Agency includes the relevant objectives, outputs, activities and indicators for which they are responsible in their respective sectoral development programs and plans of action. Although the Ministry of Labour and Social Affairs is the lead Federal Ministry on disability matters, **all Ministries** have a responsibility to mainstream disability and persons with disabilities in their respective areas of technical competence. Each federal ministry and each regional government of the country should include funds for their required NPA actions in their respective annual budgets.

[13] Proclamation on Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia, No. 691/2010

[14] http://www.molsa.gov.et/web/guest/resources/-/asset_publisher/9Bh1nXieqXZo/content/national-plan-of-actionon-persons-with-diability-2012-2021-?inheritRedirect

3.4. OTHER RELEVANT POLICIES

Other government and WASH sector policies in Ethiopia also take into account persons with disabilities and acknowledge the importance of equity for all:

- **FDRE Constitution (1995), GoE**

The Constitution emphasises equity in the provision of public services:

- "to the extent the country's resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security."
- "All Persons have the right to a clean and healthy environment."
- "Government shall endeavour to ensure that all Ethiopians live in a clean and healthy environment."

- **Water Resources Management Policy (2001)**

The Water Sector Policy does not mention specifically the inclusion of persons with disabilities, but mentions equity in several places.

- **The WASH Implementation Framework (2011)**

The WIF emphasises that the needs of persons with disabilities must be "addressed in all the steps of implementing the National WASH Program." The WIF also states that a major responsibility of WASHCOs is developing "mechanism of addressing the disabled and marginalized groups of the community". The WIF requires that the issue of "gender and social inclusion (disabled, disadvantaged, sick, etc.) should be mainstreamed in all WASH training, learning and exposure, and in WASH policy and planning."

- **Education Sector Development Program (ESDP) VI, (2020/21 to 2026/27),**

ESDP VI recognized the issue related to wash service and accessibility to be available in schools. The statistical data reported on the document indicated that 66% of secondary school WASH services are accessible for students with disabilities.

Likewise, 36% of wash service of primary schools is accessible for students with disabilities,

- **Health Sector Transformation Plan (HSTP II) (2020/21 - 2024/25), MoH**

Reference to disability is made in relation to ensuring delivery of quality health care (reliable, patient-centered and efficient) to all in need in an equitable and timely manner; the quality of care provided does not differ by any personal characteristics including age, gender, socioeconomic status or place of residence, or disability status.

- **Ethiopian Building Proclamation (No. 624/2009) and Building Regulation (No. 243/2011)**

Article 36 of the Building Code declares that:

"Any public building shall have a means of access suitable for use by physically impaired persons, including those who are obliged to use wheelchairs and those who are able to walk but unable to negotiate steps (36.1).

Where toilet facilities are required in any building, an adequate number of such facilities shall be made suitable for use by physically impaired persons and shall be accessible to them (36.2)."

Similarly, the Building Regulation states: "buildings shall have suitable access to stairs, parking lots, and lavatories accessible for people with disability." (28.3) "Any public building or a part thereof shall not prevent or hinder the movement of disabled persons." (34.1.)

- **Ethiopia 2030: The Pathway to Prosperity: Ten Years Perspective Development Plan (2021 –2030)**

The Government of Ethiopia has unveiled a Ten-Year Development Plan 'Ethiopia: An African Beacon of Prosperity' which will run from 2020/21 to 2029/30. Gender and social inclusion is one of the ten strategic pillars which mainly focuses on empowering various sections of the society (women, children, the youth, the elderly, persons with disabilities and other vulnerable citizens) and enabling them to benefit from economic development through skills development, capacity building and equitable participation.

- **One WASH National Program: A Multi-Sectoral SWAP, Phase II, Nov. 2018**

The program document recognizes that universal access has a separate sub section dealing with disability giving emphasis to address the needs of people with physical impairments (i.e. ramps, accessible toilets, etc.), in particular in institutions such as schools and health care facilities where those barriers might prevent vulnerable groups from having access to basic services such as education and health. It also urges that person with disabilities should be consulted and should also participate in the planning and implementation of WASH facilities. Adjusting technical designs to make them disability inclusive, involving persons with disability in sanitation services enterprises, and in environmental protection activities are issues mentioned in the program document.

3.5. THE KEY STAKEHOLDERS IN THE DISABILITY MOVEMENT IN ETHIOPIA

There are different types of organizations working on disability issues in Ethiopia. There are membership organizations **of** persons with disabilities, organizations working **for** persons with disabilities, and organizations providing rehabilitation and other services **to** persons with disabilities. Each type of organization type has different characteristics and roles. Some of the key organizations working on disability in Ethiopia are:

Disabled Persons' Organizations (DPOs):

- are membership organizations **of** persons with disabilities.
- Often represent persons with a particular impairment, such as persons who are blind, persons who are deaf, persons with intellectual disability etc. Most national organizations have branches in some of the regions and major towns.
- In Ethiopia, a national umbrella organization of the DPOs exists: The Federation of Ethiopian National Associations of Persons with Disabilities (FENAPD). The Federation has six member associations (but these are not the only DPOs in Ethiopia):
    - Ethiopian National Association of the Deaf (ENAD)
    - Ethiopian National Association of Persons Affected by Leprosy (ENAPAL)
    - Ethiopian National Association on Intellectual Disability (ENAID)
    - Ethiopian National Association of the Deaf-Blind (ENADB)
    - Ethiopian Women with Disabilities National Association (EWDNA) and
    - National Development Association of Persons with physical Disabilities.

- DPOs have an important role to play because they understand the needs of their members and are able to mobilize people with disabilities at local, regional and national levels.

- With support, DPOs can be effective partners and resources in community development programs such as COWASH for including persons with disabilities into the project activities.

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Self-help groups of persons with disabilities:

- are groups **of** persons with disabilities not yet registered as DPOs or registered as cooperatives or other legal provisions that are engaging in small business/income generating activities.

- play an important role at local level in connecting people with disabilities with each other and providing income generating activities.

- can be an important link between people with disabilities and community development programs, and should be sought when carrying out assessment activities.

Disability Civil Society/ Non-Governmental Organizations (CSOs/ NGOs):

- are organizations working **for** persons with disabilities

- include large, disability-specific international NGOs like Light For The World, CBM (Christian Blind Mission) and Handicap International among others which partner with local organizations to promote disability inclusion.

- include both international NGOs and local CSOs that provide specialized services to persons with disabilities like Cheshire Services Ethiopia, International Aid Services, Berhan Lehitsanat, Addis Development Vision, Addis Guzo, among many others.

- include large mainstream development NGOs working to include persons with disabilities in their ongoing development activities like World Vision Ethiopia, CARE, Mercy Corps, Child Fund Ethiopia, Save the Children, WaterAid Ethiopia, among others.

- include many local CSOs promoting and facilitating disability inclusive development like the Ethiopian Centre for Disability and Development (ECDD), the Ethiopian National Disability Action Network (ENDAN) among others.

- include faith-based organizations supporting health centers, special schools or vocational training centres.

Finally, many other international organizations are mainstreaming disability in their programs, including multilateral organizations (e.g. WB, UNICEF, UNDP, EU etc.) and the programs supported by them; and bilateral programs supported by many donor governments (e.g. DFID, USAID, GIZ, Irish Aid etc.).

4. COWASH III CONTRIBUTIONS IN ADDRESSING DISABILITY ISSUES IN WASH SECTOR

- Disability focused materials prepared by COWASH FTAT to be used at different levels such as (i) COWASH Disability Inclusion Guideline prepared for WASH experts (this refers to its the revised version) ; and (ii) Inclusive WASH for all in Rural Communities in Ethiopia to be used at woreda and community level. Both materials were translated into the local languages (Amharic, Affan Oromo and Tigrigna) and disseminated to COWASH regions.

- Disability inclusion trainings were given at regional level and cascaded down to zones and woredas as well as to kebele WASH team members to make constructed water and sanitation facilities be accessible for all and to increasingly include persons with disabilities in the community WASH activities. As per COWASH III project end line survey report (May 2020), 16,425 government staffs from water, health, education, finance, women affairs, social affairs, MSE agency and TVET have been trained and awareness raised on disability inclusion at all levels of the project implementation from Federal to kebele level. In all the trainings and awareness raising events ECDD ensured the main trainer (especially on the topic of disability and inclusion) was a person with disabilities. Local persons with disabilities were also invited to learn about the initiative and to share their experiences. To support trainings in the zones and woredas and to build the capacity of local DPOs, COWASH trained focal persons with disabilities in each region (regional DPOs) to bring their expertise to the lower levels. At grass root level, in the absence of local DPOs, COWASH worked with persons with disabilities from the area to find positive role models and make visible the practical problems faced by some in their daily lives.- As disability is a new issue and is also a cross-cutting issue, it has been included in most other trainings at different levels. Besides, COWASH III involved the Social Affairs Bureau and Offices since they have information about local persons with disabilities and are responsible/mandated for establishing and supporting their associations.

- COWASH III has also used communications actively as a tool to create awareness on disability inclusion in WASH. The guidelines, monitoring reports, advocacy events, photos, case stories and social media posts have been used to raise awareness on the importance of inclusion and share successes achieved and challenges.

- Besides the awareness raising initiative, COWASH III materialized its strong focus on accessibility of WASH facilities through preparing and sharing with target woredas an improved and accessible design for a water point with a hand pump (hand dug well or shallow well) and a design for an accessible community tap stand (for RPS and spring protections) to suit for persons with disability especially for those physically disable person who use crutch or wheelchair. As a result of awareness raising efforts and provision of inclusive WASH designs, stakeholders constructed accessible WASH facilities. In the case of institutional WASH facilities, designs developed by the Ministries of Education and Health that are accessible for children and adults with disabilities have been in use by COWASH woredas.

- All COWASH data collection formats used in the woredas for the construction of WASH facilities were updated to include information about community members with disabilities when making a Community Managed Project (CMP) application for support and investment. This was checked during the desk and field appraisal by the woreda. Access to water points and latrines was also checked at that time.

- Disability issues in the project monitoring and evaluation system were included. All the indicators that it was possible to disaggregate by gender, were also disaggregated by disability.

- Awareness raising for WASH Ministries and federal level stakeholders and advocacy work was conducted at the federal level in collaboration with other sector stakeholders (WaterAid, Gender Equity and Disability Inclusion taskforce) to advance rights for persons with disabilities.

- As a result of COWASH III disability inclusion activities, accessibility of water points constructed improved in all five regions from 2011 to 2012 (EFY). In 2012, as a proportion of the total built, half of the water points (47%) were made accessible while in the case of institutional latrines two-thirds (66%) of the latrines that were build were assessed as accessible. COWASH has not developed any new designs for institutional latrines since the current designs developed by the Ministries of Education and Health are accessible for children and adults with disabilities.

-Accessibility of household level sanitation has been improved due to the cascading of the disability awareness to the community and WASHCO levels since some households have adopted the low-cost technical solutions demonstrated as part of the trainings though the impacts have been limited and wider outreach is needed to promote further household level uptake.

- Commitment of CMP supervisors and sector focal persons in the woredas has been key for success at the community level.

- Persons with disabilities have been part of planning, managing and implementation of community WASH projects. COWASH III has recommended that in each new WASHCO there should be at least one person with a disability WASHCO member whenever PWD in the locality exist as water point user(s) to ensure their voices are heard. In practice, the proportion of WASHCOs with members with disabilities has remained around 5% in both 2011 and 2012 EFY. Similarly, COWASH aimed that one member in each enterprise to be with disability while in fact about one third of the newly established WASH enterprises have members with disabilities. Participation of PWDs in WASHCOs and enterprises shows the community that they have the capacity to be active and productive.

- Attitudes towards persons with disabilities in the community are becoming more positive and this proved how WASH can be an entry point to improving the situation of persons with disabilities.

- Tool to collect data on PWDs in trainings at regional, zone and woreda levels has been developed and used to report COWASH human capacity building interventions in disaggregated manner (i.e., number of men and women participants with disabilities and that of without disabilities).

5. IMPORTANCE OF WASH SERVICES AND FACILITIES FOR ALL

For many people in Ethiopia accessing safe water and sanitation is a struggle, but for persons with disabilities the challenges are even greater. WASH facilities are traditionally designed for "average" persons in communities. However, every community is made up of a variety of individuals with a wide range of needs, and consequently many people are often excluded from WASH activities and facilities. Among the poorest and most marginalized groups are persons with disabilities. Access to safe and clean water and sanitation facilities is a basic right of all people, including persons with disabilities.

In 2006 WaterAid Ethiopia undertook research on water and sanitation access for persons with disabilities in Butajira town and Meskan Woreda in Gurage Zone of SNNPR. The objective of the

research was to identify constraints, coping mechanisms and potential solutions for water and sanitation access for persons with disabilities. The following are some of the key survey research findings:

- **Water**: Persons with disabilities often need more water due to their disabilities. Frequent contact with the ground exposes persons with physical disabilities to dirt, and exertion from crutch and wheelchair use increases sweating. Access to water was cited by many respondents as more important a problem than access to latrines, because they cannot collect water by themselves and depend upon others to collect water for them. Water sources are often far and arms are often used for mobility, and are not free to carry containers of water. Because of dependency on others, persons with physical disabilities do not get enough water for bathing and washing.

- **Latrines**: Persons with disabilities need latrines more than others since open defecation is tiring and dangerous, due to the risk of falling and exposure to dirt and insects/parasites. Half of all survey respondents reported no access to a latrine. Even for those with access to a latrine, the design was inappropriate since they cannot accommodate crutches or wheelchairs. One third of respondents were unable to use available latrines and resorted to ODF. Those who reported using latrines often had to do so by crawling, posing health risks. Many available latrines have wooden floors which are slippery when wet and difficult to keep clean. Crutches get stuck between boards, and raised entrances pose further obstacles for persons with physical disabilities.

The **Part B** of this guideline describes several technical inclusive design options for water and sanitation.

Including persons with disabilities as participants and beneficiaries of COWASH activities will enable us to:

- Contribute to the achievement of the targets of ten years development plan (2021-2030)
- Contribute to the achievement of the targets of the Sustainable Development Goals
- Be in line with the CRPD
- Be in line with the National Action Plan on Persons with Disabilities
- Ensure equitable access, contribution and participation of persons with disabilities to COWASH activities
- Create job opportunities for persons with disabilities through COWASH MSE establishment
- Reduce the workload of women and girls who have the main responsibility on water and sanitation activities in the households as well as caring for members who have some type of disability
- Increase sustainability and reduce costs, as making facilities accessible later is more expensive
- Pioneer and demonstrate mainstreaming disability in WASH in Ethiopia for the sector to become more inclusive
- Increase the cooperation and collaboration between the WASH sector partners and the organizations of persons with disabilities.

In addition, inclusive WASH contributes to the following:

- Improved self-dignity and quality of life

Improved access to WASH facilities and activities in community settings has a great impact on the health, hygiene, cleanliness, dignity and quality of life of persons with disabilities and other marginalized groups. Access to WASH facilities increases independence of marginalized persons while reducing the workload of family members in care-giving tasks. Accessible facilities are easier and safer to reach and use, resulting in a reduction of injuries. An inclusive approach can benefit diverse user groups and can offer a user-friendly and safer option for many community members. This has a great benefit for a person's self-reliance, dignity and privacy.

The participation of persons with disabilities in WASH planning, implementation and management brings a positive change to the community's attitude and behavior towards disability. As a result, the charity mentality is reduced. Furthermore the community starts to recognize that persons with disabilities have potential and a role to play in community development. This empowerment process changes also the attitudes of the persons with disabilities themselves to believe in their own potential.

- Sustainable development

An inclusive approach is also more cost-effective in a long run. If inclusion is planned from the onset of a project, the additional cost is minimal or non-existent. Even where inclusion has not been planned from the beginning, and existing facilities need to be adapted to make them more inclusive, this does not need to be a highly technical or expensive process. The economic cost of excluding persons with disabilities far outweighs the costs of inclusion. Improving access and inclusion can also make a positive contribution to poverty alleviation and economic development. For example in Ethiopia the cost of accessible features in school latrines amounts to about 2.5% of the total cost of the latrines[15]. Making WASH facilities accessible after construction is often much higher than if done at the onset.

6. INCLUSION OF PERSONS WITH DISABILITIES IN COWASH

6.1. DISABILITY MAINSTREAMING

Mainstreaming disability is a strategy for making the needs and experiences of persons with disabilities an integral part of the design, implementation, monitoring and evaluation of a policy, project or programme. Disability mainstreaming is not about adding a specific "disability component" to a project, but including persons with disabilities and their needs and experiences in all the different processes of development. This is a cross-cutting issue. It requires assessing and addressing the possible impact of any planned action on persons with disabilities. The aim of disability mainstreaming in COWASH is to ensure equal access for all to WASH services and ensure the contribution and participation of all in WASH planning, implementation and management. It requires not only integrating disability issues into the already established WASH projects, but also transforming the project to better reflect the needs of persons with disabilities.

WASH projects targeting only persons with disabilities are not sufficient to reach all persons with disabilities because children, youth and adults with disabilities are found in every community. Mainstreaming disability issues in programmes that are not specifically designed for persons with disabilities such as COWASH requires that disability is addressed as a crosscutting and multi-

[15] Jones (2011) Inclusive Design of School Latrines – How Much Does it Cost and Who Benefits? WEDC, Loughborough University, UK, Briefing note 1.

sectoral issue. With this principle the full participation in society on an equal basis with others is ensured for all.

6.2. PRINCIPLES OF INCLUSION IN COWASH

The following principles will help guide the work of COWASH stakeholders in addressing both the specific needs of persons with disabilities and including them into COWASH activities.

Non-discrimination means ensuring that all persons with disabilities (including men and women; girls and boys; and persons with physical, sensory, intellectual, mental and/or psychosocial disabilities) have equal opportunities to access and benefit from COWASH activities and that no action by COWASH contributes to creating or reinforcing barriers.

Raising awareness of disability and its implications among WASH sector actors as well as the communities is the first step in enabling progress towards disability inclusion.

Participation by persons with disabilities is essential to ensure COWASH activities will be relevant and effective and will meet the needs of all community members. Persons with disabilities are the ones who best understand the barriers they face and the possible solutions. "Nothing about us without us" has been the slogan of persons with disabilities and their representative organizations, and should also be a guiding principle for the WASH sector, in accordance with the CRPD. Participation can also empower and build the confidence of persons with disabilities and raise broader community awareness of the abilities and contributions persons without disabilities can make.



The diagram above shows the different steps on the participation ladder. Participation at the lower steps can be tokenistic; might be present at the meeting but not able to influence anything. Participation at the higher level of the ladder enables the person to start to influence and even control what happens. This is a very important concept for inclusion[16]. COWASH strives to lay ground in the user communities that the participation of PWDs need to reach to the higher-level whereby they can make their voice heard.

[16] Equity & Disability Inclusion Federal Level Awareness Workshop. Organized by the National ONE WASH Coordination Office under the Equity & Disability Inclusion Taskforce. May 14, 2019. Funded by COWASH

Accessibility involves removing the physical, communication, attitudinal and institutional barriers that persons with disabilities face in accessing and participating in COWASH activities. All individuals should have access to the same services and facilities on an equal basis with others.

6.3. IDENTIFYING AND MEASURING DISABILITY

In 2011, the World Health Organisation, together with the World Bank, published the first World Report on Disability. Based on field research conducted in several countries including Ethiopia, the Report estimated that more than 15% of the world's population has a form of disability. **For Ethiopia, the estimate of disability prevalence was 17.6%.**

There is generally a lack of reliable data on disabilities in many countries, including Ethiopia. The 2007 census puts disability prevalence in the country at 1.2%, which is most probably an underestimation. The COWASH baseline survey (2017) found that the disability prevalence in among the household members varied between 6.2% (in Tigray project woredas) and 2.4% (in SNNPR project woredas), with an average of 4% for COWASH woredas in the five regions.

These differences between the WHO and WB, the national census, and COWASH baseline figures are probably due to differences in data collection methods, period of survey, scope of survey, the setting of the questionnaires, the level of understanding of the data collectors, the invisibility of some impairments, and the willingness of people to openly disclose the information due to the stigma attached.

When measuring disability the focus should be on functional limitations (e.g. if the person has difficulties in walking) rather than asking directly whether a person is disabled or not. Simply asking a person if they have a disability usually results in under-reporting and low disability prevalence rates. To disaggregate data by disability status, questions need to be asked directly to individuals, or when necessary through a household member. However, asking functioning or disability questions through the head of household is known to reduce identification, as persons with functional limitation tend to be missed (deliberately or inadvertently).

COWASH approach to disability identification draws on the approach and tools developed by the UN Washington Group on Disability Statistics. They have developed a simple and universal set of questions suitable for surveys that provides basic information of whether a person has functional limitations that have the potential to limit independent participation in society. The data from these questions can be used to compare levels of participation in WASH (e.g. trainings, community level participation etc.) for those with disability versus those without disability to see if persons with disability have been included.

The method uses a functional approach that asks questions about the level of difficulty people have doing various daily activities. This method provides an accurate estimation to identify most people with disabilities – because people who cannot do certain activities like "walking" or "hearing" are experiencing impairment and may face barriers participating on an equal basis with other people and are therefore considered as having or being at risk of disability. A functional approach also avoids the word "disability" and therefore mitigates under identification due to stigma. The tool includes questions about vision, hearing, mobility, remembering and concentrating, self-care, and communication. If the respondent answers yes to any of the questions, they will be considered as having a disability.

This set of questions was used in the COWASH baseline data collection, and should be used when producing disability disaggregated data for the project reports. The format to measure disability

prevalence in trainings based on the short set of questions by the Washington Group on Disability Statistics is included in this guideline under 11.1.

6.4. INTERACTING WITH PERSONS WITH DISABILITIES (LANGUAGE AND BEHAVIOUR)

Due to the various understandings of disability in Ethiopian culture and society, language or terminology around disability varies. This guideline uses the term '**persons with disabilities'**. This follows language used by the Convention on the Rights of Persons with Disabilities (CRPD) and is also consistent with the rights-based model of disability. This language encourages thinking about the person first (instead of their disability) and respects their contribution, skills and capacity. The use of outdated and derogatory terms to describe persons with disabilities reinforces stereotypes and impedes inclusion.

Positive Language	**Negative Language**
Person with a disability	Disabled, handicapped, crippled, person who is physically challenged, person suffering from disability, defective, deformed, special, differently abled, physically challenged
Person without a disability	Normal people, able-bodied, healthy
Person with a mental health illness or disability	Mentally handicapped, mentally retarded, mentally defective, mentally challenged, insane, crazy
Wheelchair user	Wheelchair confined or bound
Person who is blind/ visually impaired	The blind
Person who is Deaf or hard of hearing	The deaf/mute, deaf and dumb
Person with an intellectual or learning disability	Mentally retarded, person who is slow
Person who is unable to speak, a person with a speech disability	Mute/dumb
Person with a developmental disability	Handicapped, impaired, or defective person
Accessible washrooms or other facilities	Handicapped washrooms or other facilities

In the Ethiopian context the following are the correct words in the regional languages of COWASH regions to use at all levels when referring to persons with disabilities:

English	**Amharic**	**Afaan Oromo**	**Tigrigna**	**Sidaamu Affu**
Impairment[17]	ስነት	Miidhaa	ጉድለት	Bisu lanfe
Person with a Disability	አካል ጉዳተኛ ሰው	Nama Miidhama Qaamaa qabu	ጉድኣት ኣካል	Bisu xeino mancho
Non-disabled Person	አካል ጉዳት አልባ	Nama Miidhama Qaama hinqabne	ጉድኣት ዝይብሉም	Bisu xe'nne noikha

[17] Words in Ethiopian local languages for "Impairment" are not widely used.

Person with a Visual Impairment	አይነ ስውር	Qaroo dhabeessa/ttii	ዓይነ ሰውር	Balicha
Person with Hearing Impairment	መስማት የተሳነው	Dhageetti dhabeessa/ttii	ምስማዕ ዝተሰኣኖም	Macciweelo
Person with an Intellectual Disability	የአእምሮ እድገት ውስንነት	Nama miidhaa sammuu qabu	ናይ ኣእምሮ ዕብየት ውስንነት	Surrete lopho anje
Accessibility	ተደራሽነት	Dhaqqabamummaa	ፅንባረ/ ተበፃሕነት	Iilisha
Inclusive Development	አካቶ ልማት	Misooma hundahammate	ኣብ ልምዓት ምክታት	Hanqafino latisha

The manners and etiquette you should extend to a person with disability should be the same as those to a person without disability. However, the following tips should be considered when meeting persons with disabilities:

- **Ask before you help.** Don't assume that a person with disability always needs to be helped. If the person appears like s/he needs help, ask them if they would like your help and then follow their instructions on how you should help them.

- **Speak directly to the person.** Even if a person is using a sign language interpreter or a personal assistant, direct your conversation to the person and not the interpreter or the assistant.

- **Be conscious of physical contact.** Avoid leaning on a person's wheelchair, crutches or cane as these devices are part of his/her personal space and it is considered similar to leaning or hanging on to a person. If a person with vision impairment needs to be guided, don't grab his/her hand; instead offer your arm indicating where they can hold you.

- If you are meeting a person with vision impairment, **always identify yourself and others who may be with you** and remember to identify the person by name when conversing in a group. Don't be afraid to shake hands with people who have difficulties using their hands or those who use artificial limbs.

- **To get the attention of a person who is Deaf,** tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly and slowly if the person can read your lips. Not all people who are Deaf can read lips. For those who do lip-read, be sensitive to their needs by placing yourself so that you face the light source and keep hands, cigarettes and food away from your mouth when speaking.

- **Listen patiently and attentively** when you're talking with a person who has difficulty speaking. Avoid correcting or speaking for the person; wait for him/her to finish. If you haven't understood something, don't pretend that you have; instead you could repeat what you have understood and allow the person to respond.

- **Be specific when giving directions** to a person with vision impairment. Say "in front of you", "behind you", "to your left/right", instead of "over there", "here", or using hand or facial gestures to indicate where to go.

- When speaking to someone with intellectual impairment, **use plain language and speak with shorter sentences.** Do not talk down to the person or treat an adult as a child when communicating.

- **Don't be embarrassed if you happen to use common expressions** such as "See you later," "I've got to run" or "Did you hear about that?" that seem to relate to a person's disability.

- **Please ask the person** when you're unsure of what to do.

6.5. DISABILITY INCLUSION PLANNING AND BUDGETING IN REGIONS AND WOREDAS

Disability must be included at all levels of COWASH activities and for this each stakeholder at each level has different roles and responsibilities (detailed in section 6 below).

Planning, budgeting and reporting templates are made at federal level. COWASH federal trains regions to use them, who will then cascade them down to the woreda level. These templates include all project activities, including disability mainstreaming, by all actors and as well as unit cost guidelines.

Most of the disability inclusion activities do not include extra costs – but the issue should be included as part of existing activities. However, the following issues should be considered when budgeting for project activities, as they may occur depending on the situation:

- **Training costs:**
    - **Training venue selection**: COWASH trainings and meetings (especially if trainers are with disability or if organized at the community level) should be organized in an accessible venue (see also chapter 7 on trainings). It should be taken into consideration that this might (or might not) increase the cost of renting the training venue.
    - **Assistants' costs**: some persons with disabilities need the help of an assistant to being able to participate on an equal basis with others. This should be taken into consideration for example during WASHCO trainings, if there is a member with disabilities that needs an assistant to accompany them.
    - **Transport costs**: some persons with disabilities require additional support for transportation. This may again have an impact on the training costs.
    - **Trainer fee for DPO resource person**: persons with disabilities should be used as resource persons in the region, zone and woreda level disability inclusion trainings. COWASH FTAT will select and train this trainer but RSU will facilitate the practical arrangements. The fee is 500B/ training day.
- **Construction costs of accessible facilities**: when constructing facilities that are accessible for all, this may mean that the water point or institutional sanitation facility is

more expensive. However, it is much cheaper to include the accessible features at the construction stage than later modify the facility to be inclusive.

6.6. MONITORING AND REPORTING OF DISABILITY INCLUSION

A detailed performance monitoring system has been made which includes all COWASH objectives, results, activities, indicators and targets. For those indicators in the Performance Monitoring Plan (PMP) that require disability disaggregated data, this information should be collected, monitored and reported. Narrative reporting should also analyse the progress of inclusion in COWASH.

During field visits, the issue of disability should always be raised and discussed. If possible, discussions with persons with disabilities should be held to obtain their views of their needs and barriers faced. Good case stories and role models should be documented[18].

Baseline data on disability has been collected in the beginning of Phase IV and similarly endline data will be collected in year 4 to assess overall progress on inclusion. After the training and introduction of this manual, a case study evaluation on its implementation will be carried out by COWASH FTAT together with partners.

7. ROLES AND RESPONSIBILITIES OF STAKEHOLDERS IN DISABILITY INCLUSION IN COWASH

This chapter describes the roles and responsibilities of the different stakeholders in COWASH at the federal, region, zone, woreda and community levels.

7.1. FEDERAL LEVEL

- **COWASH Federal Technical Assistance Team (FTAT)**
  - Produce a disability inclusion guideline for COWASH stakeholders at all levels; ○ Train regional stakeholders in disability inclusion and produce training materials:
  - Provide technical support to the regional disability focal points;
  - Build the capacity of the regional DPOs and selected persons with disabilities to serve as resource persons for regions, zones and woredas;
  - Coordinate and collaborate with MoLSA and other development partners through NWCO;
  - Provide guidelines for planning, budgeting, monitoring and reporting for RSUs; ○ Compile plans, budgets, and reports of COWASH disability inclusion; ○ Conduct baseline and endline assessments which incorporates disability issues: ○ Share the experience gained in COWASH with DPs and sector ministries:
  - Update and upload COWASH disability inclusion materials on CMP website and share information on different channels;

[18] On details on how to produce a good case story, please refer to COWASH Communication Guideline

- Establish and update links to Finnish DPOs and Disability Partnership Finland in order to share the experiences in inclusive WASH.

- **Sector ministries (water, health, education)**

  - Provide technical expertise for COWASH disability inclusion development on request.

- **Ministry of Women and Social Affairs**

  - Provide technical expertise for COWASH disability inclusion development on request; ○ Provide information on the implementation and performance of the NPA.

- **DPOs**

  - Provide technical expertise for COWASH disability inclusion development on request;
  - Provide information to COWASH on existing DPO resources at region, zone and woreda levels;
  - Share the experience gained in disability inclusion in Ethiopia.

- **WASH Development Partners and NGOs**

  - Provide technical expertise for COWASH disability inclusion development on request;
  - Share the experience gained in disability inclusion in Ethiopia in the projects implemented;
  - Carry out disability research and inclusive technology option development.

- **National WASH Coordination Office NWCO**

  - Coordinate and develop the disability inclusion in WASH sector with DPs and DPOs;
  - Establish the link and collaboration between MoLSA and WASH sector partners;
  - Initiate and develop disability inclusion strategy and guideline and action plan for the One WASH National Programme.

7.2. REGIONAL LEVEL

- **COWASH RSUs and disability focal points**

  - Leading role in COWASH disability inclusion; ○ Plan, budget, monitor and report COWASH disability inclusion;
  - Train zone and woreda experts in disability inclusion;
  - Use whenever possible regional DPO resources in capacity building;
  - Collaborate and cooperate with BoLSA;
  - Keep close link with regional WASH coordination office in WASH sector disability inclusion development;
  - In Tigray and Oromia regions translate the inclusion guideline and training materials to local language.

- **Sector bureaus (focal persons in water, health, education, women and children affairs, finance, MSE agency and TVET)** ○ Plan, budget, monitor and report COWASH disability inclusion;

  ○ Provide technical expertise for COWASH disability inclusion according to the annual plan;

  ○ Participate in the disability inclusion trainings as requested by COWASH;

  ○ Include disability in all COWASH activities implemented by the Bureau.

- **Bureau of Women and Social Affairs / Bureau of Labor and Social Affairs ~~BoLSA~~**
  - Participate in disability inclusion trainings when organised by COWASH;
  - Provide technical expertise for COWASH RSU disability inclusion on request;
  - Inform and advice COWASH RSU in linking regional DPOs with COWASH.

- **DPOs**
  - Selected DPO personnel participate in disability inclusion ToT organized by COWASH to become trainers in zone and woreda disability inclusion trainings;
  - Act as trainers in zone and woreda disability inclusion trainings contracted by FTAT;
  - Provide technical expertise for COWASH RSU disability inclusion on request.
- **Development Partners and NGOs**
  - Provide technical expertise for COWASH disability inclusion on request;
  - Share the experience gained in disability inclusion in Ethiopia in the projects implemented;
  - Carry out disability research and inclusive technology option development.

7.3. ZONE LEVEL

- **Zone WASH Teams and Zone WASH sector offices (water, health, education, women and children affairs, finance, MSE agency and TVET)** ○ Plan, budget, monitor and report COWASH disability inclusion;

  - Train woreda WASH teams and woreda sector office experts in disability inclusion (in Amhara); ○ Ensure that WASH facility designs made a zone level are accessible for all;
  - Supervise and follow-up that disability is mainstreamed at woreda level and construction follows the inclusive designs.

- **Zone Women and Social Affairs /Zone Labor and Social Affairs**
  - Provide information on existing local DPOs in the zones and woredas;
  - Participate in disability inclusion trainings when organised by COWASH; ○ Provide technical expertise for COWASH zones in disability inclusion.

7.4. WOREDA LEVEL

- **Woreda WASH teams and woreda WASH Sector offices (water, health, education, women and children affairs)** ○ Plan and budget COWASH disability inclusion;

  - Monitor and report the disability disaggregated data as per the COWASH performance monitoring plan; ○ Participate in the disability inclusion trainings provided by the regions and the zones;

- Include disability issues into all kebele, WASHCO, PTA, health management committee and community level trainings; ○ Ensure the accessibility to WASH facilities for all;
- Ensure persons with disabilities participate in planning, implementation and management of the WASH facilities;
- Ensure persons with disabilities and/or their family members (parents of children with disabilities) are elected into WASHCOs, PTAs and health management committees and their leadership;
- Encourage that persons with disabilities are selected as guards and caretakers of WASH facilities; ○ Select training venues so that persons with disabilities can attend;
- Facilitate the transport and assistance of persons with disabilities for the trainings and meetings;
- Promote technologies and designs of WASH facilities improving the accessibility of persons with disabilities;
- Ensure that disability is included appropriately in COWASH/ CMP/ sanitation/ hygiene promotion and reaches all community members;
- Ensure that CMP application appraisal includes the verification of the disability data in the applications with the information provided by WoLSA and woreda DPOs on persons with disabilities in the COWASH intervention areas;
- During the appraisal ensure that the technical WASH facility solutions include the needs and requirements of persons with disabilities;
- Give priority to those communities with persons with disabilities in the approval of the applications;
- Supervise the WASH facility construction and ensure that all facilities are constructed according to the inclusive designs.

- **Woreda Office of Women and Social Affairs / Woreda Office of Labor and Social Affairs ~~WoLSA~~ (if existing)**
  - Participate in COWASH disability awareness raising trainings;
  - Provide information on potential persons with disabilities to become members of MSEs to be established;
  - Provide information on existing local DPOs in the woredas;
  - Provide information of persons with disabilities in COWASH intervention areas.
- **TVET**
  - Train local artisans and sanitation marketing MSEs for inclusive WASH facility construction and production.
- **MSE Agency**
  - In MSE establishment identify and give priority for members with disability.
- **Water and sanitation enterprises (MSEs)**

○ Construction and production of WASH facilities and sanitation products which make the facilities accessible for all;

○ Advice institutions and households on how to make the WASH facilities more accessible

- **Woreda DPOs/ self-help groups (if any existing)**

  ○ Participate in COWASH disability awareness raising trainings;

  ○ Provide information on potential persons with disabilities to become members of MSEs to be established; ○ Provide information of persons with disabilities in COWASH intervention areas.

7.5. COMMUNITY LEVEL

- **Kebele WASH Team (Kebele manager, HEWs, DAs, Water technicians, elders, community leaders, teachers, youth, volunteers[19])** ○ Ensure that disability is included appropriately in COWASH/ CMP/ sanitation/ hygiene promotion and reaches all community members:
    - Enhance the community members/ PTA/ health management committees understanding of disability;
    - Make community members/ PTA aware that the WASH facility application needs to include disability information of the households and schools;
    - Make the applicants aware that the approval of the WASH facility applications will give priority to those communities/ schools with members/ students with disabilities;
    - Make the applicants aware that persons with disabilities/ their family members should be included and given priority in WASHCO elections;
    - Make the applicants aware that persons with disabilities are included in selections of caretakers and guards;
    - Provide information on technical solutions to households with persons with disabilities or elderly in order to make their WASH facilities accessible and usable.

  ○ Provide information to the woreda appraisal team on the persons with disabilities in the kebele;

  ○ During the appraisal ensure that the technical WASH facility solutions include the needs and requirements of the persons with disabilities;

  ○ Supervise and advice the communities on the participation and contribution of the persons with disabilities;

[19] WASH Implementation Framework 2013

- Follow-up and facilitate the participation of persons with disabilities in the trainings and meetings.

- **School management and Special Needs Education teachers (if available)** ○ Enhance the school staff, students and community members understanding of disability;
  - Provide information to the woreda appraisal team on the children with disabilities in the school and if available in the school catchment area;
  - Follow-up and facilitate the participation of children with disabilities in the school club trainings; ○ Ensure that the constructed WASH facilities of the schools follow the inclusive designs;
  - Ensure that the WASH facilities of the schools are kept in a clean and hygienic condition so that they are usable for all;
  - Ensure that the school sanitation facilities include a menstrual hygiene management room also accessible for girls with disabilities.

- **Health centres, health posts, Health Management Committee and health extension workers, CBR (community based rehabilitation) workers**
  - Enhance Women Development Army members understanding on disability inclusion in WASH;
  - Advice families with members with disabilities on availability of assistive devices and solutions at household level on water, hygiene and environmental health;
  - Distribute available inclusive WASH promotion materials for the families and Women Development Army members;
  - Provide information to the woreda appraisal team on the persons with disabilities in the health centre/ post catchment area;
  - Ensure that the constructed WASH facilities of the health centres/ posts follow the inclusive designs;
  - Ensure that the WASH facilities of the health centres/ posts are kept in a clean and hygienic condition so that they are usable for all.

- **Women Development Army/ *Limat Budin***
  - Advice families with members with disabilities on availability of assistive devices and solutions at household level on water, hygiene and environmental health;
  - Distribute available inclusive WASH promotion materials for the families; ○ Provide information on the persons with disabilities to the HEW.

- **WASHCOs, PTAs and health management committees**
  - Encourage persons with disabilities being elected as members of the committees;
  - Ensure that persons with disabilities have equal opportunities to participate in community meetings and partake in decision making with regards to the WASH facility:

        - Hold meetings in accessible places;
        - Ensure all members are invited;
        - Enable all members to voice their opinions and needs.
    - Ensure that the constructed WASH facilities follow the inclusive designs;
    - For those community members that are not able to reach the constructed community water point, the WASHCO has to ensure access to water through other means if technically and financially acceptable to the community (pipeline from the source to the household, roof water harvesting, household well, water treatment system e.g. filters, chemicals);
    - Encourage those households with members with disabilities to construct or modify their latrine to be accessible for all, including those with disabilities and the elderly.
- **Faith-based organisations** ○ Aware the community members on the positive understanding of disability instead of it being seen as a curse, a burden and shameful; ○ Promote benefits of hygiene and sanitation for all to their members;
    - Construct accessible latrines in the places of worship to serve as examples to the community.
- **Other local community based organisations (edir, youth and women's associations etc.)** ○ Encourage a positive understanding of disability in the community and their members; ○ Mobilise their members to improve WASH service accessibility in the community.

8. TRAININGS IN COWASH

8.1. DISABILITY INCLUSION TRAINING

The COWASH disability inclusion trainings, the target groups, duration, content and trainers are described in the **Table 1** below. The COWASH FTAT together with ECDD will train all the RSU staff and one regional DPO staff/ person with a disability in each COWASH region as resource persons in the use of this guideline and disability inclusion in COWASH. From there, the training will be cascaded down to the other region level stakeholders, zones, woredas and kebeles by the RSUs/ DPO resource persons/ woreda water office community participation officer.

The zone and woreda level training will be divided into two parts, consisting of one day awareness raising for the zone and woreda WASH teams and zone and woreda WASH experts, and followed by two days of more in-depth training for the zone and woreda WASH experts. As only limited participants will take part in the first woreda level awareness raising training, a second one day awareness raising event for the other woreda WASH offices staff will also be organised to ensure more woreda level staff will receive information on disability.

As it is important to use persons with disabilities themselves as trainers, COWASH FTAT will train selected resource persons with disabilities in each region to act as trainers and resource persons in the region and woreda level trainings. In the regions, Social Affairs Bureau should be invited to take part in the trainings to ensure linkage and cooperation between them and COWASH. In

the zones and woredas, Social Affairs' understanding of COWASH disability inclusion will be raised in the awareness raising events.

The training materials and descriptions of the content of each training are found in **Part C** of this guideline.

Table 1: Disability inclusion trainings in COWASH Phase IV

	Activity number	Type of training	Target groups	Duration of the training	Major Contents of the training	Trainers	Responsible Body
1	4.1.82	Provide Orientation on COWASH IV for Sidama RSU (including ToT on disability inclusion guideline; planned at COWASH Federal level)	Newly established region(s) RSU technical experts (all team members) and newly recruited RSU technical experts One DPO representative/ person with a disability from the newly established region	3 days	Understanding disability Policy framework Barriers to inclusion Inclusive solutions for WASH Disability inclusion in COWASH Roles and responsibilities of the stakeholders Participation of PWDs in all COWASH Activities Training planning	Experts from ECDD, together with COWASH FTAT	COWASH FTAT
2	4.3.1	Conduct awareness raising workshop on disability inclusiveness in WASH at Regional level (BoW)	Bureau Heads and COWASH focal persons from BoW, BoE, BoH, BoF, BoWSA, BoMSE,) and RSU staff, DPO Representative zone - (Office heads of water, health, education, finance, women and social affairs) and one DPO representative woreda - (Office heads of water, health, education, finance, women & social affairs) and one DPO representative	2 days	Understanding disability Policy framework Barriers to inclusion Inclusive solutions for WASH Disability inclusion in COWASH Roles and responsibilities of the stakeholders Participation of persons with disabilities in all COWASH activities Plan to cascade the training	1 trainer from each RSU and 2 DPO trainers 1 Advisor from ECDD, together with COWASH FTAT	COWASH FTAT
3	4.1.16	Conduct ToT training for Woreda and Zonal Experts on disability inclusiveness in WASH (BoW)	CMP supervisor, Woreda COWASH Focal persons from water, health, education, women & social affairs, Finance, DPO; Zone water and Women and Social Affairs, 2 DPOs & 2 PWDs (female and male)	3 days	Understanding disability Policy framework Barriers to inclusion Inclusive solutions for WASH Disability inclusion in COWASH Roles and responsibilities of the :akeholders Participation of persons with isabilities in all COWASH activities Cascading the training	RSU Trained regional DPO resource person	Region Water Bureau &RSU

	Activity number	Type of training	Target groups	Duration of the training	Major Contents of the training	Trainers	Responsible Body
4	4.3.17	Awareness raising training workshop on inclusive WASH at woreda level (WoW)	Woreda WASH office staff (Administration, finance, water, health, education, women & social affairs, agriculture, social affairs, MSE agency) and non-WASH related woreda sector offices, i.e. police, Association of persons with disability, development partners, youth, women and different association members, religious leaders etc. Representative of woreda level DPOs if any / 2 PWDs (female and male)	1 day	Disability (definitions, understanding etc.) Policy framework Disability inclusion in COWASH Roles and responsibilities of the stakeholders Inclusive solutions for WASH	Water office (trained staff) (community mobilization officer)	Woreda Water Office
5	4.1.42	Train KWT members on CMP Mgt, disability inclusion, MHM, women empowerment in WASH (out of total 4 training days, disability inclusion training in WASH will take 2 days) (WoW)	Kebele WASH Team members Religious leaders, elders, youth leaders, women leaders, CBOs, 2 PWDs (female and male)	2 days	Awareness of disability issues Inclusive solutions for WASH Roles and responsibilities of the stakeholders	Water office (trained staff) (community mobilization officer)	Woreda Water Office

8.2. ACCESSIBILITY REQUIREMENTS FOR ALL COWASH TRAININGS

COWASH trainings will be organised in an accessible place to ensure equitable participation for all. All participants and trainers need to be able to get to and into the venue. The location of the training should be selected so that there is an accessible path or road to the venue and so that everyone can get into the building (pay attention to steps and ramps etc.). When selecting the training venue special attention should also be paid to toilet facilities so that all participants can access the latrine during the training.

Especially in the Kebele and community level trainings and meetings, specific attention should be given to different communication barriers experienced by people who have disabilities that affect hearing, speaking, reading, writing, and or understanding, and who use different ways to communicate than people who do not have these disabilities. Equal access to information should be ensured. For example during trainings if any presentations or videos are used, the content should also described orally so that persons with low vision or blind people can also receive the message. For people with visual or hearing difficulties it can be useful to sit in front of the room. For persons with hearing difficulties or intellectual disabilities for example a family member may be able to translate the message. Avoiding the use of technical language and long sentences may help people with intellectual impairments to understand.

9. INCLUSION OF PERSONS WITH DISABILITIES IN CMP PROJECT CYCLE

In each of the steps of the CMP approach, disability issues should be considered and included.

9.1. DISABILITY AWARENESS RAISING TRAINING FOR ZONE AND WOREDA WASH TEAMS AND WASH EXPERTS

The awareness raising trainings for zone and woreda WASH teams and WASH experts will include information about disability, disability inclusion in COWASH, the roles and responsibilities of stakeholders and inclusive solutions for WASH. Often persons with disabilities are not included in WASH activities, as officials are not aware of the needs and rights of persons with disabilities. Therefore it is important that all stakeholders are trained in this issue and have a positive attitude towards inclusion and are aware of the COWASH activities and plans.

9.2. DISABILITY INCLUSION TRAINING TO ZONE AND WOREDA WASH EXPERTS

A more technical training (based on the regional ToT and continuing from the awareness raising training described in 8.1) will be given to zone and woreda WASH experts on disability inclusion. This training continues from the previous awareness raising training.

The purpose of the training is for the experts to get a deeper understanding of what disability is, how to ensure the participation of persons with disabilities in all COWASH activities, how the barriers that persons with disabilities face when accessing WASH services can be removed and how to make the facilities accessible for all. For example, how can we ensure that a child with a physical disability can use the school latrine? In addition, the training will clarify the COWASH strategy of disability inclusion and the roles and responsibilities of the different stakeholders.

The disability inclusion trainings will involve regional DPO representatives as trainers (who have been selected and trained by COWASH federal). It is important to learn the experiences of persons with disabilities as they are the best experts on issues of accessibility.

9.3. INCLUSION OF PERSONS WITH DISABILITIES IN PROMOTION

During the promotion activities for new WASH facilities or existing WASH facilities to be rehabilitated, the user communities are informed about the opportunities and responsibilities linked to the CMP approach. These promotion activities by the woreda technical WASH expert team and the kebele WASH team will include information about disability; about the necessary participation of persons with disabilities in the CMP process, application and decision-making; about the benefits of inclusion; and about accessible facilities.

The communities should also be reminded that applications from communities that have more persons with disabilities will be given priority over communities that do not have any listed in the application, if they otherwise fulfil the criteria in an equal way. Since disclosing information about family members with disabilities might lead to harmful consequences for the family, due to the negative image of disability in many communities, it is important to provide them with this positive incentive. At the same time this strategy does not put single households or persons with disabilities in a "special" situation, but rather encourages the inclusion of persons with disabilities in the community and their recognition as something positive, rather than a burden.

9.4. INCLUSION IN WASHCO ESTABLISHMENT AND ELECTION

As the community elects the WASHCO, it is strongly encouraged that at least one member of the WASHCO is a person with a disability or who has a close family member with disabilities (parent, child). It should also be ensured that all community members, including those with disabilities participate in the meetings and have an equal opportunity to voice their concerns.

9.5. TRAINING OF WASHCOS AND ARTISANS

The WASHCO members and artisans must be trained on the importance of accessibility and inclusion. The accessible features of the institutional latrines and water points need to be explained to the artisans so that they understand why for example a ramp or handrails are needed. This will increase implementation of standard designs in practice.

9.6. PROJECT APPLICATION TO INCLUDE DISABILITY INFORMATION

The community through the WASHCOs prepares a project application to the woreda CMP supervisor/ the woreda WASH team at the water office. The application should include the disability status (with disability or not) of all household members and WASHCO members. If the application does not include any disability information, the CMP supervisor should check if the community has understood what is required from them and the information will be collected during the appraisal.

9.7. PROJECT APPRAISAL CROSSCHECKING THE INCLUSION OF PERSONS WITH DISABILITIES

The desk appraisal should review that each application includes the disability information from the community, how these persons with disabilities and their family members have been included in the process and also the WASHCO composition (if there is a member with a disability or a member who has a family member with a disability). The disability data given by the community should be cross-checked with the Kebele administrator data, WoLSA and woreda level NGO or DPO data (if available) on disability in the community.

During the field appraisal by the woreda WASH technical team, the disability information given in the application shall be checked. It should be also reviewed if the needs and requirements of those community members with a disability have been heard and considered. This means that if there are people who cannot reach the water point and the access road to the water point cannot be made due to the topography or landscape, an option to bring the water from the water point to the home should be checked. The technical options to bring water home are a motorised pump or a pipeline from the source to the household, and if required these should be included as part of the project design. Other technological solutions that can be promoted include roof water harvesting, household well, and household water treatment system e.g. filters, chemicals etc. but cannot be financed by the project.

Any technical solution (people to the water or water to the home) that makes water accessible for all and is found acceptable to the community should be included as part of the water point design and budget in order to achieve the SDG 6 (Achieve universal and equitable access to safe and affordable drinking water **FOR ALL**).

9.8. PROJECT APPROVAL AND FUNDING AGREEMENT

The funding agreement includes the commitment of the community to make accessible household sanitation for all. It should be emphasised that all facilities built should be accessible for all and accessible solutions should be promoted.

Priority for approval of applications will be given for those communities with more persons with disabilities that have been checked during field appraisal, if several applications equally fulfil all other requirements.

9.9. INCLUSIVE CONSTRUCTION, SUPERVISION AND COMMUNITY CONTRIBUTION

The WASHCO is responsible for contracting the local artisans and monitoring the construction process and quality. It is important that they ensure that accessibility is included already at this stage. The WASHCO should not pay the artisans, if they do not follow the agreed inclusive designs that ensure the facility is accessible for all.

Artisans could also be encouraged to improve the walkway to the facility and offering the community/ institutions services to make an accessible path (as presented in part B) in agreement with the community.

The woreda WASH experts are also responsible for the supervision of the constructions. They should ensure that all facilities built are accessible for all.

The community should find ways how households with members with disabilities shall contribute on equal basis than other households, they should not be exempted. If this is not possible, alternative ways of contributing based on the capacity and potential of the households should be identified. If the up-front cash contribution is not possible, the community can exempt the household and share the cost for them. Alternative ways of contribution to the construction (labour and materials) should be found according to the potential of the household (e.g. bookkeeping, guarding etc). It is important to find ways how persons with disabilities contribute and participate instead of providing contribution on their behalf.

9.10. INCLUSIVE INAUGURATION

At the inauguration ceremony, the WASHCO reports the financial and physical performance of the project to the community members. It should be ensured that also members with disabilities are invited and encouraged to participate in this event. The report should also include how the community and WASHCO included persons with disabilities and how they have contributed and participated in the implementation. The accessibility should be clearly demonstrated by the persons with disabilities themselves.

9.11. POST-MANAGEMENT AND MONITORING OF THE INCLUSION OF PERSONS WITH DISABILITIES

In the selection of the pump attendants and caretakers persons with disabilities should be considered and given priority if possible and if the persons themselves are willing to take up the task.

In the tariff set up, the persons with disabilities should in principle not be exempted. The tariff setting should be done according to the wealth and economic status of the household, so only if required due to high level of poverty a reduced tariff or exemption can be considered by the community. In the selection of the guard of the water supply facility priority should be given with the persons with disabilities if they are willing to take the task.

Data of all water and institutional sanitation facilities in the woreda should be updated to include the information of accessibility for all. Post-implementation monitoring by the woreda WASH experts and WASHCO should also consider the accessibility of the facility and recommend corrective measures if needed. Evidence of good practice of inclusive WASH activities should be documented and disseminated to relevant stakeholders to encourage others.

10. INCLUSION OF PERSONS WITH DISABILITIES INTO CLTSH PROCESS

The Government of Ethiopia, through the national health extension program, has introduced the use of Community-Led Total Sanitation and Hygiene (CLTSH) to induce behaviour change of communities to consider construction and use of latrines and hand washing with soap. COWASH also supports the CLTSH approach, with the aim of contributing to achieving 100% ODF status in its operation area. For this goal to be achieved, persons with disabilities should also be included in all the steps of the process. In addition, what applies to persons with disabilities also applies to others who may be left out of CLTSH processes – those who have low status, minorities, those who are very poor, women, girls, children and others. The voices, views and needs of all members of the community is important and relevant in deciding technical options for hygiene and sanitation facilities, including their location, accessibility, maintenance, and reasonable accommodation.

10.1. PREPARATION AND PRE-IGNITION

The CLTSH preparatory phase includes capacity building training for federal, regional, zone, woreda, kebele staff. This training should include information about disability, on how to include persons with disabilities in practice in the CLTSH process and technical solutions needed to have access to sanitation for all.

During the pre-ignition phase in the community (households, schools, health facilities, farmers training centres, prisons, places of worship, markets, bus stations etc.), an understanding of the

different barriers faced by persons with disabilities should be identified with community members, by involving persons with disabilities and family members themselves in all community consultations. To facilitate their participation, meeting places that are accessible for individuals having mobility impairments should be used. Meetings should ensure that different groups in the community – women, youth, the elderly, persons with disabilities etc. can actively take part. The facilitators need to inform the village leaders about the importance of having representatives from all community groups being included in the process, including persons with disabilities.

All public and private institutions should make their own plans for inclusive hygiene and sanitation. Without these public and private institutions' improved accessible sanitation the declaration of ODF is not possible. These inclusive sanitation facilities are introduced in the **Part B** of this guideline.

10.2. COMMUNITY IGNITION AND PREPARATION OF AN ACTION PLAN

In the ignition phase, a meeting is called where the facilitators mobilise/ inspire villagers to analyse the sanitation and hygiene condition of their community and decide to take action to stop open defecation and related behaviours. Discussion of specific issues related to persons with disabilities should be included, involving persons with disabilities themselves. During the meeting it should be ensured that persons with disabilities take active part. Arrangements should be made for those with difficulties hearing or seeing, by including for example a family member who can communicate using signs and by ensuring that visual materials are also described verbally. Persons with disabilities should also be included in the committee created in the community, and participate in all community campaigns, events and leadership.

The location of those persons having particular needs can be marked on participatory sanitation maps of the community. During the ignition phase, the sanitation marketing enterprises (if available in the woreda) producing improved sanitation products should also be presented to the community and encourage them to go immediately to improved sanitation options. These enterprises or health extension workers should have the knowledge to advice households on how to make household sanitation accessible for all. Households should be encouraged to initiate and produce themselves the assistive devices needed by the persons with disabilities. Information about low cost, low tech options should be provided to make household latrines easier, more comfortable and safer for use by everyone in the family, especially persons with disabilities (see **Part B**).

The change stories of persons with disabilities should be captured and shared with the community as one method to emphasize the benefits of making accessible facilities.

10.3. ODF VERIFICATION AND CERTIFICATION PROTOCOL

The Open Defecation Free (ODF) status is assessed according to the CLTSH Verification and Certification Protocol (MoH 2012). The verification process is the main tool before certifying communities ODF and it should always be checked that persons with disabilities found in the community have access to latrines at household level as well as public and private institutions.

The verification team in the protocol does not include representatives of persons with disabilities. It is therefore proposed that in COWASH woredas the verification team should involve community members with disabilities. For institutional facilities, such as sanitation and hygiene facilities in schools, the verification team should involve both disabled and nondisabled students and include female students.

The verification should include an accessibility and safety audit. In this audit the verification team identifies which features make the facility easy to use and which make it difficult, and make suggestions for changes and improvements. A key requirement for the ODF certification is that all institutional facilities such as school and health facility latrines are accessible for all.

11. DISABILITY INCLUSION IN MSE DEVELOPMENT

Micro and small enterprises (MSE) development is one of Ethiopia's top development priorities for creating jobs in urban and semi-urban areas in particular. At the same time, the main focus for the water sector in the country's Growth and Transformation Plan (GTP) II is to ensure availability of water supply and sanitation services that satisfy the need of lower middle income country citizens by the year 2020. COWASH phase III complements both of these priorities through its key output and new component of establishing MSEs for sanitation marketing, spare parts supply and maintenance service of water supplies. In the three year project period, 26 women-led micro and small enterprises will be established/ strengthened in selected 19 pilot woredas of the 5 project regions (further details found in Guideline for Women-led MSE development in COWASH Phase III).

In order to ensure the inclusion of disability into this component of the project as well, persons with disabilities will be given priority for membership of these MSEs, and the aim is for each enterprise to have at least one man or woman with some type of disability. ZoLSA/WoLSA and MSE Development Agencies will work together in close cooperation to identify and include suitable youth and adults with disabilities who may be interested in vocational skills training and joining a MSE and who otherwise fulfil the criteria set. This is also in line with the MSE Development Agency policy that gives priority for providing persons with disabilities with employment opportunities, especially for youth. Furthermore, creating employment opportunities for persons with disabilities is important so that they can serve as positive role models in the community.

Construction and sanitation marketing enterprises trained and established in COWASH should also be given orientation in the production of inclusive WASH facilities and sanitation products. The sanitation marketing enterprises should be encouraged to advice households on how to make the latrine accessible for all.

11.1 TOOL TO COLLECT DATA ON PERSONS WITH DISABILITIES

This tool to collect data on persons with disabilities should be used in all trainings at region, zone and woreda and kebele levels.

Instructions to the trainer:

1) Ask the participants to take a blank paper and explain that the health information given here is confidential and will not be forwarded to anyone. The information is anonymous so there is no need to write any names on the paper.

2) Ask the participants to write on the paper whether they are **MALE** or **FEMALE** without their names

3) Show and explain the questions on the next page to the participants.

4) Ask the participants to think about the questions.

   If they feel the answer to all of them is **NO**, they should write **NO** on the paper.

   If they feel the answer is **YES** to at least one of the questions, ask them to write **YES** on the paper. They should only answer YES if they have a lot of difficulties and if the problem is permanent and has lasted for some time already.

5) The paper should only read two words: 1) MALE or FEMALE 2) YES or NO

6) Collect the papers and count the numbers of YES and NO and disaggregate by sex for reporting purposes.

7) After collecting the data, explain to the participants that the purpose of the sheet is to determine how many of the training participants have some type of disability and need some kind of support during the training. If a participant has answered YES, the person is counted as having a disability.

   COWASH aims to include persons with disabilities in all its activities, thus we need to monitor their numbers in all the activities implemented, including trainings. The word disability is not mentioned in the form, as most people would say no if asked directly whether they have a disability or not, resulting in under-reporting.

Do you have any of the following permanent health problems:
A lot of difficulties seeing with one or both eyes, even with glasses? e.g. Have difficulties seeing and recognizing a familiar person until they come very close or have difficulties seeing and recognizing an object at arm's length or your vision in one eye is a lot worse than the other

A lot of difficulties hearing, even with a hearing aid? e.g. Have difficulties hearing someone talking on the other side of a room in a normal voice or your hearing in one ear is a lot worse than the other
A lot of difficulties walking or climbing steps? e.g. Have difficulties moving around inside your home or going outside of your home or have difficulties walking long distances (1 km or more)
A lot of difficulties washing yourself fully or getting dressed by yourself?
A lot of difficulties in remembering so that it severely affects your daily activities? e.g. Have difficulties to remember to do important day-to-day things, difficulties going to familiar places, or difficulties remembering names of familiar people
A lot of difficulties in understanding or talking (speech or sign language) with others? e.g. difficulties in generally understanding what other people say or do others generally have difficulties understanding what you say
Do you need any assistive devices, e.g. crutches, wheelchair, artificial limb, someone's assistance
Do you have any other permanent health problems e.g. epilepsy, partial paralysis

PART B: INCLUSIVE TECHNICAL SOLUTIONS FOR WASH

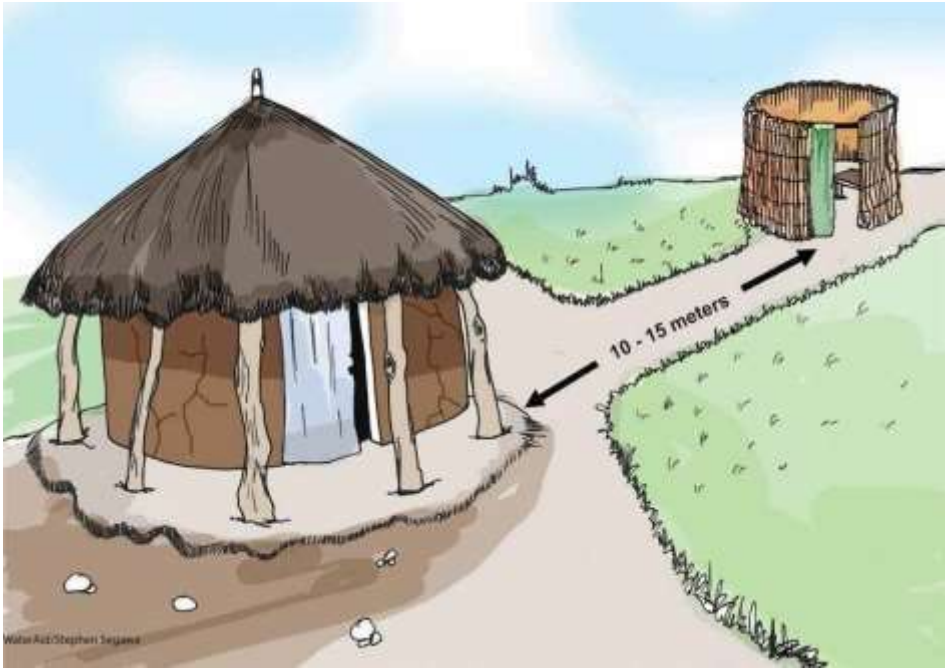
In this part of the guideline, some technology options and accessibility principles are presented that make WASH facilities suitable for persons with disabilities, but are not only for them. Accessibility **benefits** all community members, but is a **requirement** for some. As we get older, many of us find it increasingly difficult to squat and balance, or we might be injured or sick. Making facilities accessible means that they are usable by all. These technologies might also make facilities easier and more comfortable to use by everyone in the family.

Persons with disabilities do not expect more or better facilities than available to other people, only equal access. However equal access does not mean that everyone be treated the same, only that some people may need something different or extra. Water and sanitation services need to be designed to provide a flexible range of options to accommodate a range of needs. The needs of most persons with disabilities can be met by ordinary services and facilities. Service providers and households only need a little more information, thought and awareness to make the differences to ensure the inclusion of all persons with disabilities. One does not have to be a specialist architect or engineer to apply appropriate solutions to the challenges of water and sanitation accessibility for persons having different types of disabilities. The aim is to provide as much "independent access" as possible - this means facilities that a person can use without help, or with minimum help.

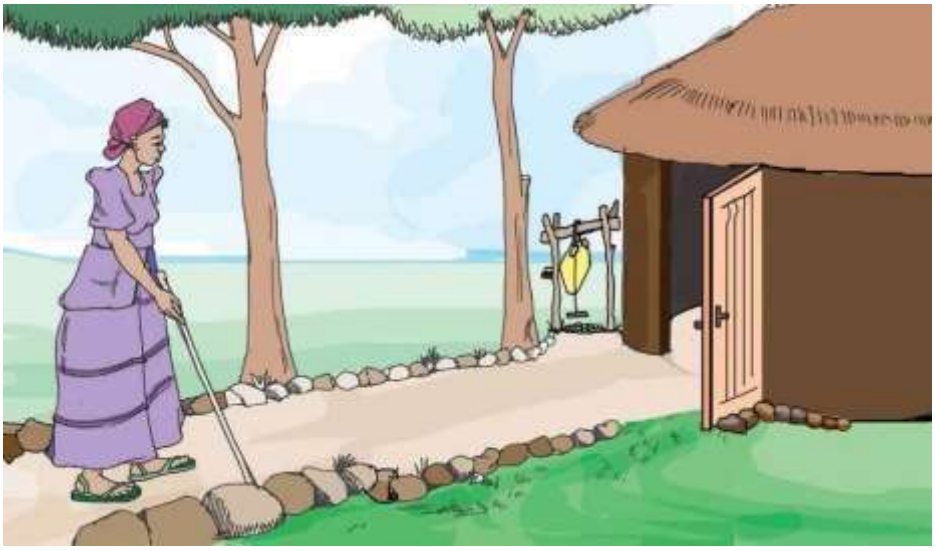
Unless otherwise mentioned, the pictures and text have been taken and adapted from the following publication: Jones and Wilbur (2014) *Compendium of accesssible WASH technologies.* WEDC, WaterAid and Share.

1. REACHING ALL FACILITIES

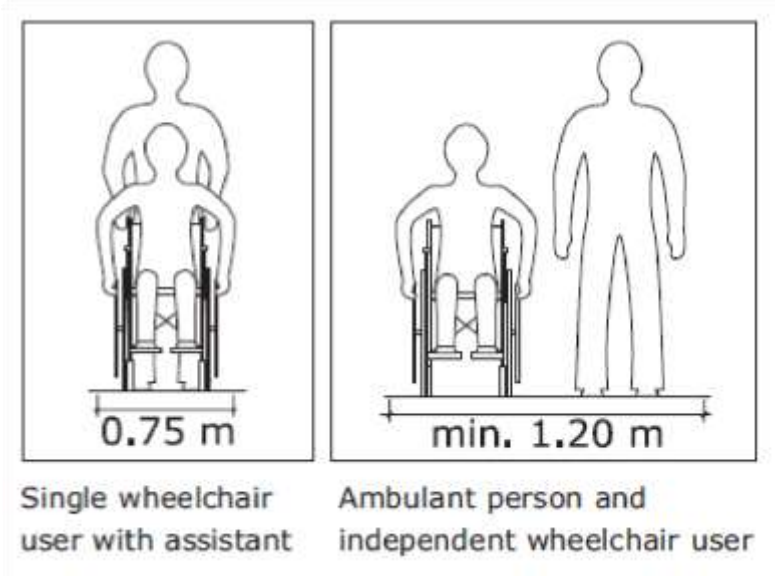
Accessibility means not only that the facility itself should be accessible for all (i.e. anyone can use it) but also that **everyone should be able to reach the facility**. For this purpose the following guidelines should be followed when constructing new WASH facilities or rehabilitating existing ones:

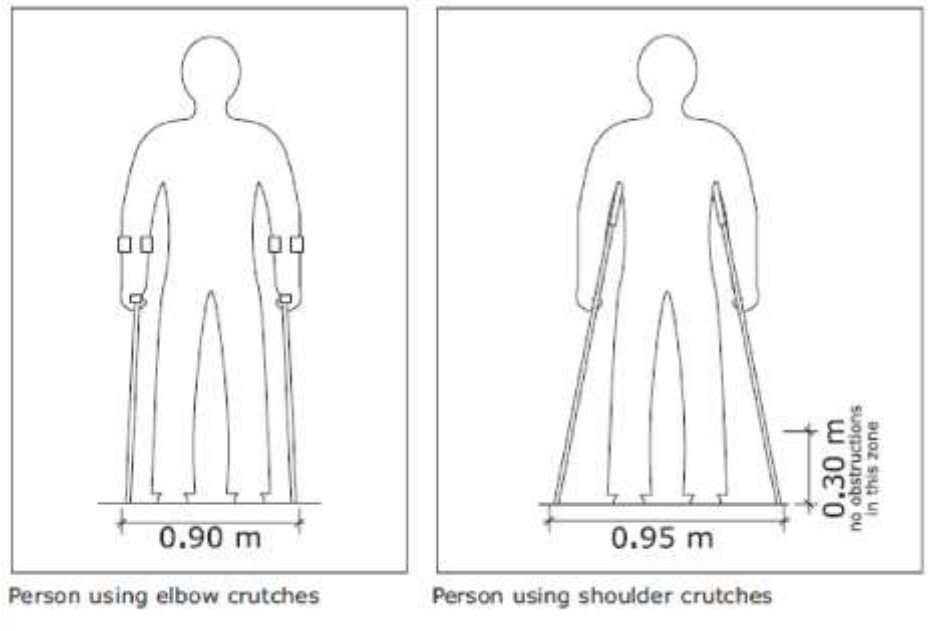


Proximity: The aim should be to build the facilities as close as possible to the user, especially for household sanitation facilities (**picture 1 above**).



The picture 2 shows an ideal smooth path to the toilet that has been lined with stones to assist the visually impaired woman to find her way to the facility.





The picture 3 show the dimensions of persons using different assistive devices. This is the reason why accessible facilities should have wider paths, doors and more space to move around.[20]

Approach path: The ideal path is 120-180 cm wide (minimum 90 cm). A firm, even, non-slip surface such as concrete benefits everyone, and in particular blind persons, wheelchair or crutch users. It prevents the surface from becoming muddy and slippery during the rainy season. Firm gravel is an alternative. All obstructions should be cleared and drains, ditches and holes covered and/or marked. Marking the sides of the path with stones or white paint, and attaching a guide rope is useful for the visually impaired. Stones or a rope are useful to guide the person to the destination. White paint can assist those with limited vision as the contrast in colour makes it easier for the person to distinguish the way.

[20] CBM (2008) Promoting Access to the Built Environment Guidelines.



Picture 4: A man using a guide rope to reach the household toilet.

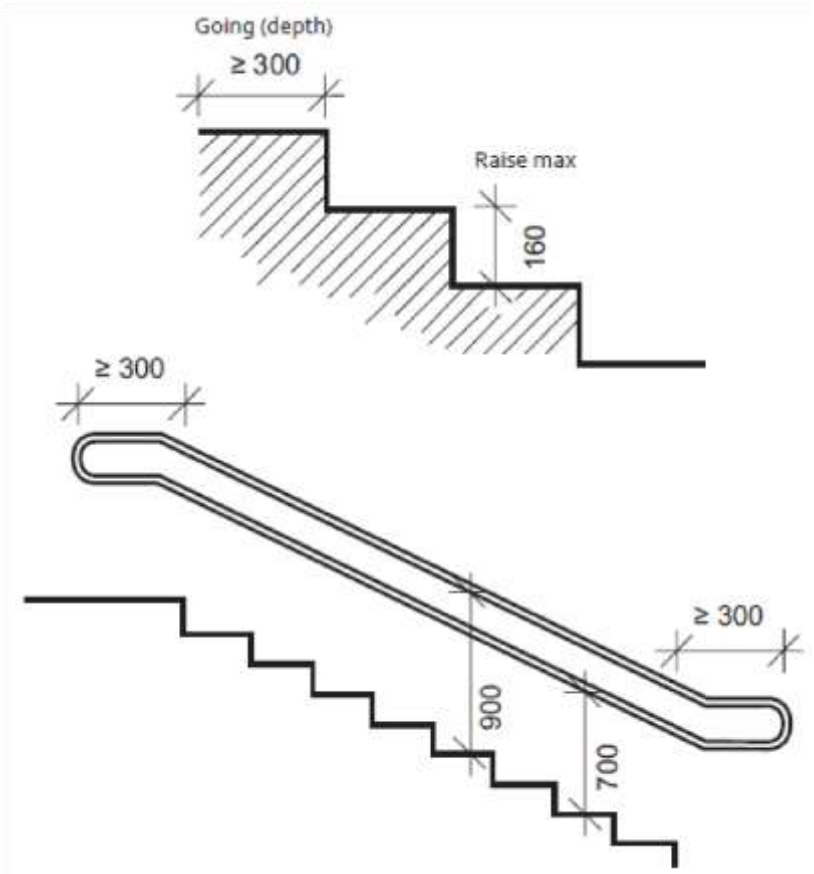
Making such a path is low cost and can be made out of local materials. It does require some maintenance to keep the path clear and the stones on the sides of the path.



Picture 5: Low steps cross-hatched to make them less slippery

Steps: Where steps are needed for access, in steep terrain or when space is limited, they should be shallow and wide, and even so that all steps are the same height and depth. The cement can be cross-hatched to make them less slippery when wet. The edges of the steps can be highlighted with white paint to increase the colour contrast which assists those with low vision.

Handrails can be added to assist balance at 70-90 cm height. Many users can manage low and even steps, especially when a handrail is provided. The costs of adding steps is usually low cost and can be also made of local materials, such a stones.



Picture 6: Recommended dimensions for steps in mm (depth 30cm and height 16 cm) and handrails (70-90 cm) [21]

[21] The Threshold Association (2014) *Accessibility guide*.



Picture 7: A movable ramp made of wood



Picture 8: A wide concrete ramp to access hand pump

Ramps: Ramps are useful for not only persons who are using a wheelchair but also those using crunches, with mobility problems and also with visual impairments. If there is space and need, a ramp to the facility can be constructed, preferably with handrails. Ramps should have a maximum slope of 8%. This means that if the distance is 1m, the slope rises 10cm. A level platform or 'landing' with a minimal length of 100cm-120cm needed in front of the toilet or water point. It is important that the ramp is not slippery, even if it gets wet. The ramp can be made of any sturdy locally available materials, such as wood, bamboo, stones or cement.

2. HOUSEHOLD SANITATION, HYGIENE AND WATER ACCESSIBILITY

In order to be accessible for all household members, sanitation facilities can be built or changed to include the following guidelines:





Pictures 9-10: On the left, an example of a wide entrance with door opening to the outside. On the right, an example of a door made of a light cloth that is easy to open, does not obstruct space and can be a good temporary and non-expensive solution.

Entrances and doors: It is important to have a door to ensure privacy, but the door and entrance should be accessible for all.

The door and entrance should be wide (minimum door width is 90 cm) and level (minimal or no difference between outside and inside). The door should fully open to the outside and have grab bars outside and inside instead of knobs to allow easy opening and closing from a wheelchair or by people with reduced strength or using crutches. The door can be made of locally available materials, cloth, wood or metal.







Pictures 11-13: Examples of door handles or closing mechanisms

Door handles and closing mechanisms: ensure privacy and safety for all, especially women and girls. Low-cost options include wooden handles, medium cost options include metal or wooden handrails or hooks. Door handles should typically be placed at 90-120 cm above the floor.

Floors: should have smooth (but not slippery) and easy to clean surfaces, especially for those people with impairments who have to crawl due to lack of assistive devices.

Light, ventilation and privacy: Ensure there is sufficient light and ventilation – good lighting is particularly important for persons with poor eyesight. Ensure also that the door can be latched easily to provide security and privacy. Persons with disabilities may require more time in the toilet, and have the right to privacy.

Room size: If needed, allow for a wheelchair-turning circle of 120cm- 150cm, and a space of at least 80 cm beside or in front of the toilet pan to allow positioning. If there are no wheelchair users in the household, to work out how much space is needed inside a latrine can be done in the following way: mark out the area on the ground using rocks or branches, then ask different users to try moving and squatting/sitting inside, and adjust if necessary. Additional space may also be needed for those people using crutches, or needing a carer to assist them.



Pictures 14-17: Examples of handrails made of different materials and installed in different places in the toilet (Fixing handrails on floors is preferable). On the bottom right, an example of bricks coming out of the wall to guide a visually impaired person or support a person with a physical impairment.

Interior: Provide strong handrails (metal, wood or bamboo) attached next to the toilet seat or to the walls at 70-90 cm height to provide support and balance to reach the seat or squat. A rope from the door or ceiling can also give support. Wooden or metal support rails are not expensive to construct as materials are locally available, easy to construct and maintain. The position and height have to be assessed depending on the user's need. They cannot however be fixed to a concrete floor or slab. If there is a concrete floor, pipe rails can be cemented in during construction, or screwed to the floor later. Metal bars are very durable and can be added to an existing facility, but are more expensive and walls need to be strong and close enough.

For visually impaired persons tactile signs can be important to find their way inside the toilet (e.g. rope from roof or mark on the wall signalling the location of the pit/ seat). If a new structure is constructed, the walls can be constructed with larger bricks coming out of the wall, providing support for a weak or visually impaired person. It is however difficult to add these after construction. Walls must be strong enough to support the user's weight. The cost of this adjustment is low.









Pictures 18-21: Examples of fixed seats and chairs that can be placed on top of existing slab



Picture 22: A toilet seat can also be made out of a plastic chair by cutting a hole in the centre. The seat can be placed on top of a slab or a bucket may be placed under it.[22]

Toilet seats: Are suitable for people who have difficulty squatting, including pregnant women, older people and persons with disabilities. The seat can be fixed or movable, in case others prefer a squatting position. For rural households a moveable seat that can be made out of many locally available materials (wood, bamboo, plastic) is a good, cheap and easy option. A splashguard can be added in front of the seat made for example of old plastic bottles to reduce splashing or soiling. Painting or varnishing the chair can make it more hygienic. It can also be made of plastic by cutting a hole in the middle of a plastic stool or chair. The seat can be placed into the household toilet on top of the slab or pit, or it can be used even in the household with a bucket placed underneath it. The latter solution does not give much privacy to the user, but might be useful for those with very limited mobility.

Hand washing: There should be hand washing facilities or taps at different heights between 50cm-90cm (depending on the needs of the household members) with soap available in the household compound/ near to the sanitation facility. Small jerry cans or plastic bottles are low cost options that can be useful for persons with limited strength or using only one hand.

[22] Accessible sanitation. HRBA and GESI series. Rural Water Supply and Sanitation Project in Western Nepal Phase II in Nepal & Rural Village Water Resource Management Project Phase II in Nepal. FCG International.



Picture 23: Example of a household washing area

Shower/ washing areas: should ensure privacy and they should also be easily accessible. If needed, a seat made out of local materials (wood, stones) can be added for persons who cannot stand for long periods of time, as they have poor balance, mobility difficulties, are ill or heavily pregnant. A basin can be placed at a raised height for the convenience of the bather. This is an easy and low cost option, but might require the help of others to fill the basin.



Picture 24: Example of drinking water stored in a bucket with a tap in the household.

Household drinking water: can be stored for example in a bucket with a tight-fitting lid and accessed via a tap near the bottom to ensure easy and independent access for those (with limited strength, poor balance, using only one arm etc.) who cannot reach water stored in a jerry can for example.

3. INSTITUTIONAL SANITATION AND WATER ACCESSIBILITY

Sanitation facilities in institutions like schools and health facilities should also be accessible for all. The Ministries of Health and Education have produced detailed guidelines on the construction and design of these facilities. The guiding notes described in section 1 of this guideline on reaching the facilities should also apply to the institutional WASH facilities.

3.1. HEALTH POSTS AND HEALTH CENTRES

The National Health Institutions WASH Facilities Design and Implementation Manual (2012)[23] is a guideline for the construction and maintenance of water supply, sanitation and hygiene facilities in health centres and health posts.

The WASH facilities in health institutions need to be made accessible for persons with disabilities, pregnant women and women who have recently given birth, elderly people and those who are weakened by illness.

For the site selection of the sanitation facilities, the Manual outlines that the facility should not be too far away from the health centre block (but more than 6 metres) so that patients do not need to travel long distances to the latrine. This also benefits people with disabilities.

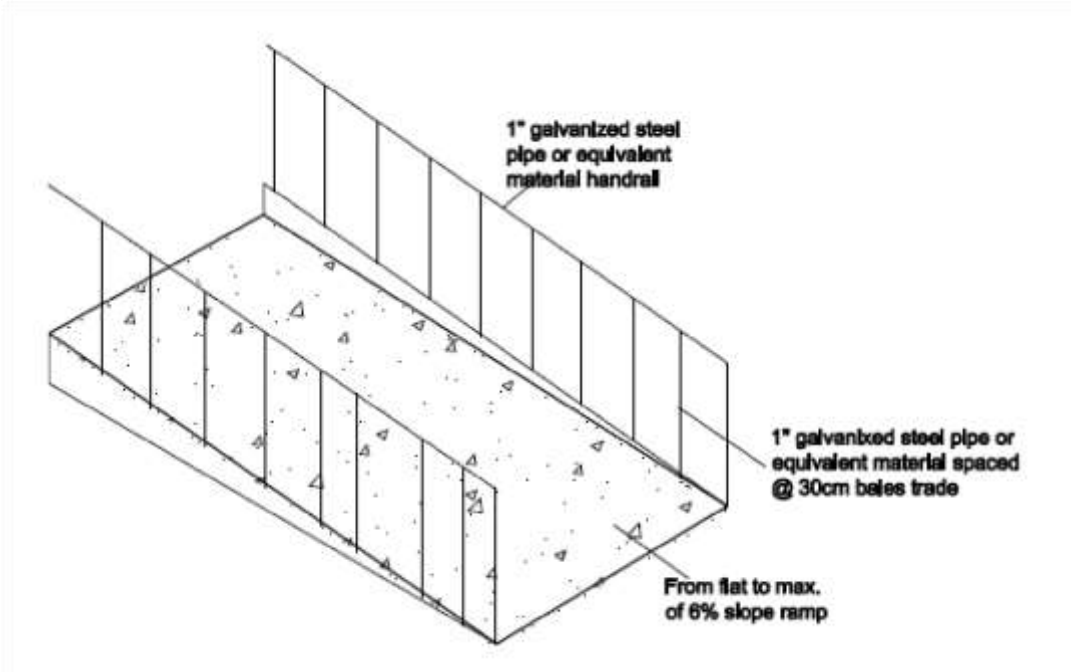


The picture 25 above taken from the manual shows a typical VIP latrine for a health centre. The cubicle on the left is accessible for all, with more space inside, a wider door (1 metre), a ramp and handrails for support.

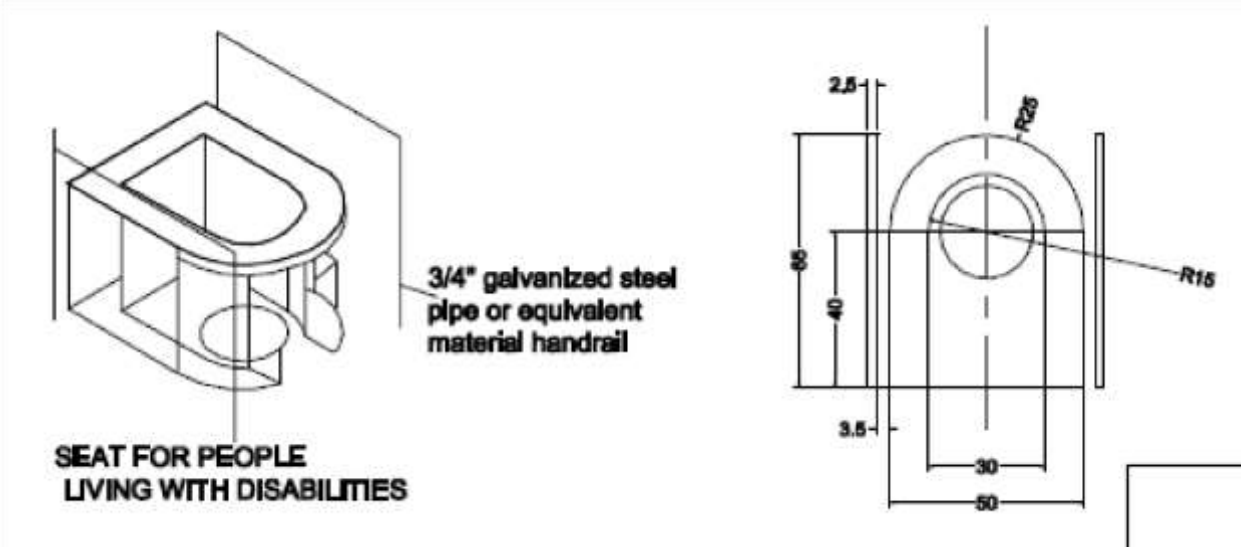
[23] http://www.cmpethiopia.org/page/660



The picture 26 above taken from the manual shows a typical VIP latrine for a health post. The cubicle on the left is accessible for all, with more space inside, a wider door (1 metre), a ramp and handrails for support.



This **picture 27** above outlines the details of the **ramp** to be built in the sanitation facility. Handrails should be made of galvanised steel pipes on the sides of the ramp for support. A 130 cm wide ramp with a slope of 6% should be added.



In one of the cubicles for both men and women (to which the ramp leads to and which has the wider door) **a raised seat with metal handrails** (**picture 28 above**) should be built to ensure usability.

The health centre **water points, clothes washing basins and shower rooms** should similarly be accessible for all, with ramps, wider doors and taps placed at different heights.

3.2. SCHOOLS

Water Supply, Sanitation and Hygiene Facilities in Schools Design and Construction Manual: for Pre-primary, Primary and Secondary Schools (FDRE, Ministry of Education, Nov. 2019) gives practical guidance on the design and construction of school WASH facilities.

This Manual has separate section for design and construction of WASH facilities for students with disabilities. The manual outlines that need of children with disabilities need to be addressed so that;

- Facilities provided must include provision for disabled children, with at least one cubicle for girls and one for boys arranged accordingly.

- The facilities must be easy to use: steps must be easy to climb, door handles must be easy to reach, and toilet interior cannot be too dark.

- In terms of design, ramps and hand rails should be provided, with more internal space for a caregiver to assist if necessary.

- Disabled girls and boys and their caregivers should be consulted to get the design right.

- Ramps should be constructed at the entrance to the latrine, drinking water supply, handwashing facilities and MHM safe space for those school children using wheelchairs or with mobility issues.

- The location of the toilets should be within the school compound and not be too far away from the classrooms. The distance from the toilet block to the classroom, if possible, should be at least 30m away. Latrines more than 50m away may be too far for a small child.

- Each cubicle has a minimum floor area of 1.2m (width) by 1.6m (length). The cubicle for students with a disability is minimum **1.7m by 1.6m).** This floor size allows the doors to open inward without squeezing the users of the toilet. The door of the disability friendly latrine opens outwards. The design of the cubicles for students with a disability allows for more space to maneuver a wheel chair or for a caregiver. The disability friendly toilet door should measure **100cm** and have an emergency door attached to the main door. It is always recommended that students with disabilities themselves should check whether the cubicle is wide enough for practical use before completion of the construction to allow for modification, if there is a need to do so. Plastic cover on top of metallic doors at lower 40cm in the internal part

- A ramp is constructed at a suitable location with maximum slope of 8% convenient (1cm height: 12cm length) for users and their support givers (5% slope (1 cm height: 20cm length) is an ideal incline/preferred slope for ramp). If the ramp is longer than 6m or changes directions, it needs resting areas of at least 150cm. The ground leading up to the ramp also needs to be suitable for those in a wheelchair or with limited mobility. It must be free from rocks, thick gravel, sand and grass/ plants. Handrails installed on the inside and outside of the toilet help led users to enter the toilet, to seat themselves, and to leave the room with ease.

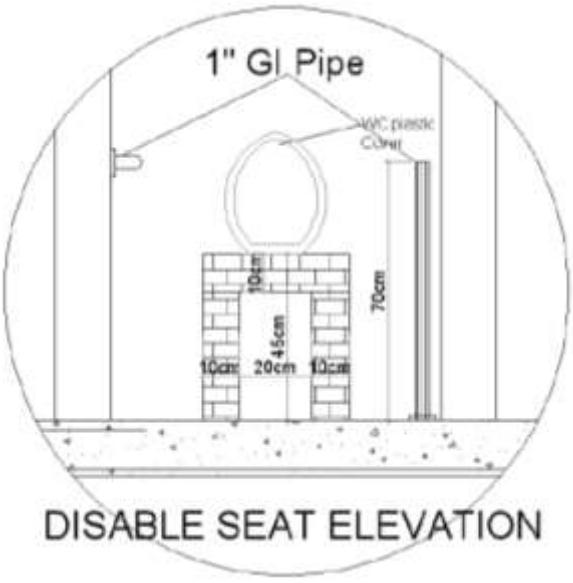
- A disability friendly toilet seat is made of plastered (hollow concrete block) HCB box with water closet (WC) plastic cover, or ready-made ceramic WC. The disability friendly toilet is equipped with a set of 1inch galvanized iron pipe handrails. Handrails are properly anchored to the ground slab ~~and to the walls~~.





Picture 29: shows the ramp constructed leading to the toilet block.

Picture 30: Door opening outside and the correct direction, (from COWASH III Woreda)





Picture 31 Disability friendly toilet seat section detail
Picture 32: Toilet with ramp, handrails and raised seat. A disability toilet seat is made of plastered HCB box with WC plastic cover, or ready-made ceramic WC. **Correct hand rail fix on floors to fit for PWDs (taken from SWaSH Design and Construction Manual Presentation, Mesfin H)**

Hand washing facilities should have taps at different heights (50 and 70 cm) for children of different ages and heights – lower taps also enable children with disabilities using a wheelchair for example to reach the taps easier.

Drinking water supply that is accessible for all in the schools should be arranged. If the school has a drinking water fountain with an elevated tank, taps should be placed at different heights (50 and 70 cm), close to the class rooms and the area near the taps must be made flat and ensure that it does not get muddy or slippery.

Menstrual Hygiene Management (MHM) facilities in the schools should also be made accessible for girls with disabilities. The principles are similar than for the school latrines. The path to the facility should be even and marked, the entrance to the facility must be made accessible for all.

Effective management of WASH facilities in schools requires the participation of all – including the children with disabilities and their parents. Construction supervision should also ensure that facilities include the inclusive designs.

As per the WASH facilities in schools design and construction manual (Nov. 2019), Separate building infrastructure is planned for MHM having four rooms:(i) a counseling room, (ii) a waiting room with space to accommodate a seat for three school girls, (iii) a resting room equipped with a resting bed and mattress for girls who are ill from menstrual cramps, and (iv) a wash room with a washing basin for washing pads and clothes, elevated water storage container (1000L) a shower water supply system. In addition, a solid waste (sanitary pad) collection box is designed at the back of the building shown in the drawings connected to wash room.

MHM room or safe space facility design



Picture 33: Floor Plan of the MHM Facility



Picture 34: Rear View

3.3. OTHER INSTITUTIONS AND PUBLIC PLACES

Other kinds of institutions and public places (such as farmers training centres, prisons, places of worship, markets, bus stations etc.) should also include WASH facilities that are accessible for all. They should follow the same guidelines as presented above: the facility should be reachable, all should be able to get in to the facility and also use the facility.

4. COMMUNITY WATER FACILITIES

There is a lack of an accessible standard design from MoWE for water supplies. However, water supplies should be built so that all can access the facility.





Pictures 35-36: Examples of accessible water supplies (on the top a spring protection with tap stand and below a well with hand pump). There is an even path, a wide and smooth entrance with no big steps or fence blocking the access to the ramp. There is also enough space to move around on the apron of the facility.

The water supply apron should be made accessible through a ramp and ensuring there is enough space to move around. The entrance should be wide and smooth, but not slippery. It should be ensured that if a **fence** is constructed around the facility, it should not block access to the ramp of the water point. The fence should allow easy access for all into the facility.



Picture 37: Example of an accessible hand pump apron with a pot rest to ease the lifting of heavy containers.

A **pot rest** can be constructed (at approximately 70 cm) on the side of the water point/ hand pump to assist in lifting the jerry can to be carried. This is useful for those users with limited strength, difficulties balancing or gripping the container. The cost is low.



Picture 38: Example of a ramp with handrail, an accessible hand pump apron with a pot rest, Picture from COWASH III woreda

In spring protections, **taps** can be made at different heights if some cannot reach the standard height of 70 cm. For example, one of the tap pipes can be bent and lowered to 50 cm.





Pictures 39-40: Examples of how persons using wheelchair or crutches can also transport water.

Persons using a wheelchair or crutches can also **transport water** by using their mobility devices. A jerrycan can be placed on the footrests of the wheelchair, but should not be completely filled to reduce the risk of the chair tipping. A small jerrycan can also be carried using a hook attached to the crossbar of a crutch.

If there are people who cannot reach the water point and the access road to the water point cannot be made due to the topography or landscape, an option to bring the water from the water point to the home should be checked. The technical options to bring water home are: pipeline from the source to the household, roof water harvesting, household well, and household water treatment system e.g. filters, chemicals etc.

PART C: DISABILITY INCLUSION TRAININS AND MATERIALS

This section gives further details of each disability inclusion training planned in COWASH.

1. TRAINING OF TRAINERS FOR REGIONAL SUPPORT UNIT STAFF (FOR COWASH IV NEWLY ESTABLISHED REGION + NEW RSU MEMBERS OF OTHER REGIONS ONLY) PROVIDE ORIENTATION ON COWASH IV FOR SIDAMA RSU (ACTIVITY CODE 4.1.82)

Training details:

Type of training	Target groups	Duration of the training	Major Contents of the training	Trainers	Responsible Body
Training of trainers for regional staff on Disability inclusion guideline Provide Orientation on COWASH IV for Sidama RSU	Newly established regions' RSU technical experts (all team members) One DPO representative/ person with a disability from newly established region	3 days	• Understanding disability • Policy framework • Barriers to inclusion • Inclusive solutions for WASH • Disability inclusion in COWASH • Roles and responsibilities of the stakeholders • Participation of persons with disabilities in all COWASH activities • Training planning	Experts from ECDD, together with COWASH FTAT	COWASH FTAT

Training plan:

DAY 1	Module 1	What is disability?
	Module 2	Barriers
	Module 3	Challenges faced by persons with disabilities in Ethiopia
	Module 4	Causes and myths of disability How to interact with persons with disabilities
	Module 5	Disability policy and rights Key stakeholders in Ethiopia working on disability
	Module 6	Why is it important to include disability in WASH?
DAY 2	Module 7	Disability inclusion in COWASH project management Measuring disability Planning and budgeting, monitoring and reporting

	Module 8	Inclusive solutions in WASH
	Module 9	Accessibility audit
	Module 10	Barrier analysis for WASH and solutions
	Module 11	Roles and responsibilities of stakeholders
DAY 3	Module 12	Disability inclusion in the CMP cycle
	Module 13	Disability inclusion in the CLTSH process
	Module 14	Trainings in COWASH
		Training planning
		Production of common roadmap

2. CONDUCT AWARENESS RAISING WORKSHOP ON DISABILITY INCLUSIVENESS IN WASH AT REGIONAL LEVEL (Activity Code 4.3.1)

Training details:

Type of training	Target groups	Duration of the training	Major Contents of the training	Trainers	Responsible Body
Awareness raising workshop for Heads of Regional, Zonal and Woreda WASH Bureaus on disability inclusiveness in WASH	Bureau Heads and COWASH focal persons from BoW, BoE, BoH, BoF, BoWCA/ BoWLA, BoMSE,) and RSU staff zone - (Office heads of water, health, education, finance, women affairs, labor & social affairs) and one DPO representative woreda - (Office heads of water, health, education, finance, women affairs, labor & social affairs) and one DPO representative	2 days	• Understanding disability • Policy framework • Barriers to inclusion • Inclusive solutions for WASH • Disability inclusion in COWASH • Roles and responsibilities of the stakeholders • Participation of persons with disabilities in all COWASH activities • Cascading the training	1 trainer from each RSU and 2 DPO trainers 1 Advisor from ECDD, together with COWASH FTAT Expert	COWASH FTAT

Training plan:

DAY 1	Module 1	What is disability?
	Module 2	Barriers
	Module 3	Challenges faced by persons with disabilities in Ethiopia
	Module 4	Causes and myths of disability How to interact with persons with disabilities
	Module 5	Disability policy and rights Key stakeholders in Ethiopia working on disability
	Module 6	Why is it important to include disability in WASH?
	Module 7	Disability inclusion in COWASH project management Measuring disability
		Planning and budgeting, monitoring and reporting
DAY 2	Module 8	Inclusive solutions in WASH
	Module 9	Accessibility audit
	Module 10	Barrier analysis for WASH and solutions
	Module 11	Roles and responsibilities of stakeholders
	Module 12	Disability inclusion in the CMP cycle
	Module 13	Disability inclusion in the CLTSH process
	Module 14	Trainings in COWASH

3. TOT TRAINING FOR ZONAL AND WOREDA EXPERTS ON DISABILITY INCLUSIVENESS IN WASH (Activity code: 4.1.16)

Training details:

Type of training	Target groups	Duration of the training	Major Contents of the training	Trainers	Responsible Body
ToT training for Woreda and Zonal Experts on the disability inclusiveness in WASH	CMP supervisor, Woreda COWASH Focal persons from water, health, education, women affairs, social affairs if available & DPO; Zone water and ZOLSA, 2 DPOs & 2 PWDs Water office community mobilization officer	3 days	• Understanding disability • Policy framework • Barriers to inclusion • Inclusive solutions for WASH • Disability inclusion in COWASH • Roles & responsibilities of the stakeholders (in depth) • Participation of PWDs in all activities • Cascading the training	RSU Trained regional DPO	Region Water Bureau &RSU

Training plan:

DAY 1	Module 1	What is disability?
	Module 2	Barriers
	Module 3	Challenges faced by persons with disabilities in Ethiopia
	Module 4	Causes and myths of disability How to interact with persons with disabilities
	Module 5	Disability policy and rights Key stakeholders in Ethiopia working on disability
DAY 2	Module 6	Why is it important to include disability in WASH?
	Module 7	Disability inclusion in COWASH project management Measuring disability
		Planning and budgeting, monitoring and reporting
	Module 8	Inclusive solutions in WASH
	Module 9	Accessibility audit
	Module 10	Barrier analysis for WASH and solutions
DAY 3	Module 11	Roles and responsibilities of stakeholders
	Module 12	Disability inclusion in the CMP cycle
	Module 13	Disability inclusion in the CLTSH process
	Module 14	Trainings in COWASH

4. AWARENESS RAISING WORKSHOP AT WOREDA LEVEL ON DISABILITY INCLUSIVENESS IN WASH (ACTIVITY CODE 4.3.17)

Training details:

Type of training	Target groups	Duration of the training	Major Contents of the training	Trainers	Responsible Body
Awareness raising workshop at woreda level (WASH and non WASH actors)	Woreda WASH office staff (Administration, finance, water, health, education, women affairs, agriculture, social affairs, MSE agency) & non-WASH related woreda sector offices, i.e. police, development partners, Association members of women & youth, religious leaders etc. Representative of woreda level DPOs if any	1 day	•Disability (definitions, understanding etc.) •National framework •Disability inclusion in COWASH •Roles and responsibilities of the stakeholders •Inclusive solutions for WASH	CMP supervisor/ Trained woreda expert Regional disability inclusion expert	Woreda Water Office

Training plan:

DAY 1	Module 1	What is disability? (120m)
	Module 5	National disability policy and rights (30m)
	Module 8	Inclusive solutions in WASH (90m)
	Module 9	How COWASH is implementing disability inclusion in practice (30m)
	Module 11 In summary	Roles and responsibilities of stakeholders (30m)

5. TRAINING TO KEBELE LEVEL STAKEHOLDERS ON DISABILITY INCLUSION IN WASH (TO BE CONDUCTED ALONG WITH OTHER TRAININGS (ACTIVITY CODE 4.1.42)

Training details:

Type of training	Target groups	Duration of the training	Major Contents of the training	Trainers	Responsible Body
Training to Kebele level stakeholders in disability inclusion in WASH	Kebele WASH Team members Religious leaders, elders, CBOs	2 days	• Awareness of disability issues • Inclusive solutions for WASH • Roles and responsibilities of the stakeholders	Water office community mobilization officer	Woreda Water Office

Training plan: (Modules to be simplified and shortened)

DAY 1	Module 1	What is disability?
	Module 2	Barriers
	Module 3	Challenges faced by persons with disabilities in Ethiopia
	Module 4	Causes and myths of disability How to interact with persons with disabilities
	Module 5	Disability policy and rights
	Module 6	Why is it important to include disability in WASH?
DAY 2	Module 8	Inclusive solutions in WASH
	Module 9	Accessibility audit and finding solutions
	Module 11	Roles and responsibilities of stakeholders
	Module 12	Disability inclusion in the CMP cycle
	Module 13	Disability inclusion in the CLTSH process

References

Accessible sanitation. HRBA and GESI series. Rural Water Supply and Sanitation Project in Western Nepal Phase II in Nepal & Rural Village Water Resource Management Project Phase II in Nepal. FCG International

CBM (2008) Promoting Access to the Built Environment Guidelines

Convention on the Rights of Persons with Disabilities (CRPD) https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-withdisabilities/convention-on-the-rights-of-persons-with-disabilities-2.html

Equity & Disability Inclusion Federal Level Awareness Workshop. Organized by the National ONE WASH Coordination Office under the Equity & Disability Inclusion Taskforce. May 14, 2019. Funded by COWASH

ILO, (2012) Inclusion of People with Disabilities in Ethiopia. An ILO Fact Sheet, Addis Ababa, Ethiopia http://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_112299.pdf (accessed August 5th 2013)

Jones (2011) Inclusive Design of School Latrines – How Much Does it Cost and Who Benefits? WEDC, Loughborough University, UK, Briefing note 1.

Mathewson, P. (2006) Different and the Same. Towards Equal Access, Education and Solidarity in WASH. Report prepared for Water Aid Ethiopia. Addis Ababa, Ethiopia

MoWE (Jan 2019) One WaSH-Consolidated Water Supply, Sanitation and Hygiene Account Project (One WaSH-CWA-P167794), Updated Social Assessment Report. Addis Ababa, Ethiopia

National Health Institutions WASH Facilities Design and Implementation Manual (2012) http://www.cmpethiopia.org/page/660

National Plan of Action of Persons with Disabilities, MoLSA, 2012

OpenWASH (2018) Count me in! Inclusive WASH in Ethiopia, The Open University UK/WaterAid

Proclamation on Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia, No. 691/2010

Satherwaite, M. (2012) JMP working group on Equity and Non-discrimination Final Report. Report prepared for END working group by Satherwaite with substantial support from I. Winkler and working group members. August 2012

Sustainable Development Goals (SDGs). http://www.un.org/sustainabledevelopment/sustainable-development-goals/

The Threshold Association (2014) Accessibility guide.

UNRWA (2017) Disability inclusion guidelines.

WASH Implementation Framework (2013) https://www.cmpethiopia.org

WaterAid (2012) Analyzing Policy Blockages to Equitable and Inclusive WASH Addis Ababa, Ethiopia

WaterAid Ethiopia (2006) Equal access for all, Briefing note 9.

Wilbur, J (2010) Principles and practices for inclusion of disabled people in access to safe sanitation. A case study from Ethiopia. WaterAid Briefing note, UK.

The World Bank, October 2021. https://www.worldbank.org/en/topic/disability#1

World Health Organization and World Bank (2011) World Report on Disability. www.who.int/disabilities/world_report/2011/report.pdf