SUOMI
FINLAND

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





Disability inclusion ensures
• Accessibility of WASH facilities for all (community, school and health institutions) • Participation of persons with disabilities in implementation processes • Equal benefit and contribution from persons with disabilities in WASH planning, construction and management

Gender Transformative and Disability Inclusive WASH Strategy

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NIRAS

CMP

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Acronyms

CMP	Community Managed Project
COWASH	Community-Led Accelerated WASH
COVID- 19	Coronavirus Disease of 2019
DPOs	Disabled People Organizations
ECDD	Ethiopian Center for Disability and Development
EWRMS	Ethiopian Water Resources Management Strategy
FTAT	Federal Technical Assistant Team
HSTP	Health Sector Transformation Plan
IDPs	Internally Displaced Persons
MHH	Menstrual Health and Hygiene
MHM	Menstrual Hygiene Management/
OWNP	One WASH National Program
PWDs	Persons with Disabilities
RSU	Regional Support Unit
ToR	Terms of Reference
SDG	Sustainable Development Goal
UN	United Nations
WASH	Water Supply, Sanitation and Hygiene
WSS	Water Supply and Sanitation
WHO	World Health Organization

1. Introduction

In Ethiopia, like many other developing countries, women and girls are often the primary collectors, transporters, and users of water for household consumption and watering livestock. They tend to have the main responsibility for health, childcare, and they are guardians of their household hygiene. Availing safe water at the closest distance to the households means tackling time poverty of women and girls through reducing travel and queue time on top of improving health condition of the user communities. Girls will improve their school attendance and performance while women will use the freeing time to accomplish other household chorus and engage in social activities and in productive works, depending on the skill and resource they have at hand. Access to water and sanitation facilities assist to reduce vulnerability of women and girls from sexual harassment /assault while traveling long distances over many hours to collect water for family use as well as when they go out from home to relieve themselves in the open field during evenings. Besides, women do not need so much time anymore to take care of the sick family members if the water and sanitation facilities are available nearby. This also saves their time, energy, and money.

With reference to the issue of disability, World Health Organization (2021) reported as there are 1 billion people with disabilities, i.e., 20% of the world population. Out of 1 billion people with disabilities, 20% of whom live with great functional difficulties in their day-to-day lives. These figures may remain an evolutionary average, but one thing is certain: the number of people affected by any form of disability represents a significant part of the world population, from children to adults alike. It is also important to underline the fact that some people may have multiple disabilities. This explains why the total number of people with disabilities in the world isn't equal to the sum of people with disabilities per disability type. Indeed, the same person can be both deaf and blind[1].

Based on the World Report on Disability (2011), there are an estimated 15 million children, adults and elderly persons with disabilities in Ethiopia, representing 17.6 per cent of the population[2]. A vast majority of people with disabilities live in rural areas where access to basic services is limited. As studies in the area confirm, many women and girls with disabilities face multiple discrimination and barriers to their full and equal inclusion in society and development. Compared to men with disabilities, women with disabilities are at a severe disadvantage.

As per the disability and development report of UN (2018), efforts have been made by various actors, including governments and international organizations, to mainstream disability in WASH programmes, including by 1) addressing discrimination and stigma when providing WASH services; 2) raising awareness and building capacity about the rights and specific needs of persons with

[1] World Health Organization, 2021. https://www.inclusivecitymaker.com/disabled-people-in-the- world-in-2021-facts-and-figures/

[2] World Bank and World Health Organization: World Report on Disability, Washington Dc, 2011. https://www.who.int/disabilities/world_report/2011/report.pdf

disabilities when planning, implementing, monitoring and evaluating WASH programmes; 3) mandating minimum accessibility standards and considering disability in the design of WASH interventions; and, 4) designing and building WASH facilities according to Universal Design principles[3].

In Ethiopia patriarchy privileges men over women across all ages whereas people without disabilities are favored over those with disabilities due to negative attitude developed towards disability. As some literatures present, disability is generally considered to be a curse and a burden so families as well as communities discriminate against persons with disabilities and services and infrastructures are normally inaccessible.

2. Background

Community led accelerated WASH (COWASH), a bilateral project funded by Government of Ethiopia and Government of Finland has passed through three phases dated from July 2011 to March 2021. The project has brought significant impact in improving the lives of target communities in general and that of women and girls in particular. COWASH IV, with four years implementation period, has started in April 2021 to support acceleration of the rural water and sanitation targets attainment through the establishment of an enabling environment and implementation of Community Managed Project (CMP) interventions in selected rural areas of Ethiopia. CMP is one of the implementation modalities stipulated in the Government of Ethiopia WASH implementation framework and it has been implemented in Government of Finland funded projects since 2003.

Like COWASH III, that has laid foundation for increased equality and reduced discrimination by raising awareness of gender and disability among WASH sector staff at all levels, gender equality and disability inclusion continue to be COWASH IV strong focus to attain expected outcome of the project: "*Increased and sustained coverage of safe water supply, sanitation and hygiene in rural areas of selected woredas*." COWASH IV project document clearly states that the project will contribute to the realization of human rights, gender equality, & non-discrimination through its activities and design. In line with this, specific outcome and output are dedicated for this purpose: "*Sustainability and inclusivity of achieved WASH outcomes enhanced*" as outcome statement and "*Women empowerment and disability inclusion in WASH management enhanced*" as output statement.

3. Rationale of the Strategy

COWASH IV project intends to support the Government of Ethiopia (GoE) in its effort to achieve WASH related Sustainable Development Goals (SDGs). A central commitment to the implementation of the SDGs, including SDG 6 (clean water

[3] UN Development of Economic & Social Affairs, Disability and Development Report: Realign the Sustainable Development Goals by, for and with Disabilities, April 2019. https://www.un.org/development/desa/dspd/2019/04/un-disability-and-development-report-realizing-the-sdgs-by-for-and-with-persons-with-disabilities/

and sanitation for all) is to "leave no one behind." Key to the "leave no one behind" concept is the importance of prioritizing actions that benefit and empower women and girls, people with disabilities and the most marginalized people in communities.

At national level, the One WASH National Program (OWNP)[4], acknowledges that equity and inclusion are one of the cross-cutting issues and are part of a human rights-based approach to programming that recognizes people are different and need different support and resources to ensure their rights are realized in the provision of WASH facilities and services, including participation by all. Therefore, COWASH as supporting WASH sector interventions in Ethiopia recognizes the need to ensure WASH facilities constructed and rehabilitated both at household, community and institutional level are accessible for all and due involvement of all in decision-making process is secured. Thus, this strategy helps to harmonize and standardize the implementation of gender transformative and disability inclusion component across COWASH regions at different stages of the project cycle.

4. Goal and Objectives of the Strategy

The overall goal of COWASH IV gender transformative and disability inclusive WASH strategy is to scale up the practice of mainstreaming women empowerment, gender equality and disability inclusion in the course of the project implementation period through improving the awareness and capacity of WASH experts and communities on equity and inclusion issues.

Specifically, the strategy has the following objectives:

- To use learnings of COWASH III on gender and disability inclusion as input and capitalize on its accumulated knowledge and practices.
- To give clear guidance for implementing partners on gender and inclusion focus areas of COWASH IV that need deliberate action by individual WASH sector partners and make a call for increased collaboration among the sectors and target communities.
- To identify and enable target communities including people with disabilities, as well as women and men, boys and girls benefit, actively participate and contribute in an equal way in WASH planning, implementation and WASH services management (including operation and maintenance).
- To contribute for the national efforts challenging gender stereotypes as well as prejudice (including pity/shame) on people with disabilities and closing these gaps in bringing women and people with disabilities to leadership/decision making positions in WASH management and WASH businesses.

[4] OWNP started to operationalize in 2013 to contribute towards improving the health, well-being and economic activity of both rural and urban populations by increasing water supply and sanitation access and the adoption of good hygiene practices in an equitable and sustainable manner.

- To adopt a twin track approach in WASH and advance equality of rights and opportunities for persons with disabilities.
- To document and disseminate learnings and research findings.

5. Scope of the Strategy

The strategy focuses on promoting gender and inclusion issues with particular reference to gender equality, women empowerment and disability inclusion component of the COWASH IV project in holistic manner. The strategy mainly focuses on defining the following key issues:

- Staff assignment and sharing of responsibilities
- Equity and inclusion in decision making of WASH implementation & WASH services management
- Capacity development / strengthening
- Equal access to and control over WASH services
- Partnership, networking and advocacy
- Research on gender and inclusion
- Planning, monitoring, evaluation and reporting

6. Users of the strategy

This strategy is developed for use by COWASH regional support unit (RSU) staffs, and COWASH region WASH sector partners that include regional bureaus as well as zonal and woreda offices of water, health, education, women and children affairs, labor and social affairs, and micro and small enterprise. Potential users of this strategy include Woreda and kebele WASH team members, health extension workers and community-based structures (either formal or informal).

7. Overview of COWASH III Achievements

This section gives highlight on what has been accomplished in COWASH phase III to use experiences of the past in designing COWASH IV strategy[5] in addition to ensuring replication and scaling up of obtained results in an enhanced manner.

In COWASH phase III, *Achievement of women's empowerment and leadership through WASH related activities in the 5 project regions* was reflected at outcome level and specific outputs focusing on *enhancing stakeholders' capacity to mainstream gender and disability in WASH planning and implementation* as well as *enhancing women's leadership as WASHCO members in COWASH Phase III woredas* were designed. Notable results have been registered regarding gender

[5] The National WASH Coordination Office in collaboration with the gender equity and disability inclusion task force has prepared the terms of reference (ToR) for strategy and action plan preparation on gender equity and disability inclusion for WASH sector in Ethiopia. COWASH IV will also benefit from the national level strategy document once it is finalized in phase IV project period.

equality, women empowerment and disability inclusion interventions as illustrated below in summary.

7.1 Gender Equality and Women's Empowerment

- Full-time Gender Specialist has been employed as part of the federal level technical assistance team. In each of the regional support units, staff working on gender equality and women empowerment have been assigned to provide technical assistance to WASH sector partners and oversee gender related project performances.

- All indicators, whenever appropriate, used gender disaggregated data for monitoring and reporting.

- COWASH FTAT prepared a training guideline on women's leadership and conducted ToT training for stakeholders drawn from five COWASH regions based on the guideline. The guideline was translated into the local languages (Amharic, Affan Oromo and Tigrigna) and disseminated to COWASH regions. Trained regional staff cascaded the training at zonal and woreda levels.

- COWASH FTAT prepared a brochure on Women in Empowerment in COWASH depicting the rational to focus on women in WASH and COWASH entry points in women empowerment. The brochure was translated to local languages (Amharic, Affan Oromo and Tigrigna) and disseminated to project regions and respective woredas.

- COWASH / RSU staff, government partners and community's capacity strengthened- women leadership in WASHCO trainings were given at regional level and cascaded down to zones and woredas as well as to kebele WASH team members. A total of 4,990 (2812F) attended the training (End line Survey Report, May 2020).

-Water, Sanitation and Hygiene Committees (WASHCOs) capacity built - Tailor made gender awareness trainings as part of CMP training were conducted to build capacity of WASHCOs. A total of 140,289 (50,015F) attended community managed project and related training as reported in the end line survey report (May 2020). Responsibility of WASHCOs' in CMP approach ranges from submitting application for water and sanitation infrastructure construction, follow up its approval, procure construction materials, manage the financial and human resources during construction period up to managing the WASH service delivery during post construction period. Women leadership trainings were also conducted to bring women WASHCO members in leadership positions, (i.e. chairperson, treasurer and secretary positions). As per COWASH III project end line survey report (May 2020), the percent of women WASHCO members increased from 33.3% during the baseline to 40.9% at the end line (i.e. out of 1565 WASHCO members elected for 289 water supply schemes by all actors, women reported to be 640). Similarly, the percent of women who have chairperson position increased from 4.3% during the baseline to 10.5% at the end line. This shows that more percent of women have become in leadership position irrespective of the level of performance in discharging their

responsibilities in management of WASH schemes. Performance data of 5 COWASH regions (Amhara, BSG, Oromia, SNNP and Tigray) also revealed that 41.3% of WASHCOs in all COWASH III woredas (76 woredas) have 50% of women members with significant regional differences while 19.8% of WASHCO leadership positions (chairperson, secretary and cashier/treasurer) are filled with women. WASHCOs having women in all the three management positions account none.

- COWASH III project end line survey report (May 2020) has also revealed findings related to sharing of responsibilities between female and men members of a family in performing household chorus. These include that participation of male members of households in water collection increased from 26.2% during the baseline to 50.5% at the end line. This implies that gender stereotyping of activities like water collection, which was traditionally considered as the job of females has reduced; and males' practice of sharing the work burden on women has been improved.

- COWASH III also strengthened capacity of water sector staffs through working with Women Affairs Directorate in the MoWIE (presently MoWE). Trainings on Gender Mainstreaming in WASH Sector as well as on Gender and Leadership were given in the project life time. The Gender Mainstreaming training was given for 35 (23F) WASH experts of Federal and nine regional states while the Gender and Leadership training was conducted in two rounds for 23 (21F) middle level management experts and 32 women staff of the Ministry who are assumed to be prospective leaders in the departments they work.

- Technical and financial support was also extended by COWASH III for the Women Affair's Directorate of the MoWIE to celebrate the annual International Women's Day.

- COWASH III played significant role in the establishment of gender equity and disability inclusion taskforce which is led by the NWCO at the Ministry of Water, Irrigation and Energy. ToR preparation finalized and fund secured for this purpose (i.e World Bank) to conduct situational analysis and strategy development on gender equity and disability inclusion for WASH sector in Ethiopia. Lengthy bidding process delayed the startup of the actual work. SNV partially conducted the situational analysis part.

- COWASH III supported project woredas to raise awareness of school community in general and adolescent girls in particular on menstrual hygiene management besides providing water supply and sanitation facilities in schools. Regarding menstrual hygiene management, comparison of the end line survey result with the baseline indicated percent of students who can safely dispose sanitary waste during menstrual management increased from 14.7% during the baseline to 20.7% at the end line. Similarly, the percent of female students who use a room at schools for cleaning/ changing a pad increased from 11.5% to 30.9%. On the other hand, the percent of female students who leave school and go to home during menstruation decreased from 35.1% during the baseline to 26.6% at the end line. The percent of female students who go to bush for changing a pad also

decreased from 12.5% to 1.6% at the end line. This shows some improvement in menstrual hygiene management of students at schools.

- 24 women-led enterprises have been established and started generating income. Women-led refers not necessarily that all members are women but chairperson and treasurer posts are hold by women. Membership of persons with disabilities have also been made possible in half of the enterprises.

- With reference to the nine months extension of COWASH III, a project focusing on COVID 19 emergency support and resilience building was implemented whereby rapid assessment on gender-based violence / harmful traditional practices and level of disability inclusion was planned to be conducted in two selected woredas from each of the five project regions. Assessment tool (i.e. questionnaire) has been prepared and disseminated to collect data from the selected woredas in each of the five regions. Assessment report is expected to be completed in phase IV.

7.2 Disability Inclusive WASH

- COWASH added issue of disability inclusion as a new component in its third phase and employed a full-time disability inclusion specialist in its federal level technical assistance team. In each of the regional support units, focal persons have been nominated to own the issue of disability inclusion while all staff are responsible as all project activities need to consider persons with disabilities.

- Disability focused materials prepared by COWASH FTAT to be used at different levels such as (i) COWASH Disability Inclusion Guideline prepared for higher level; and (ii) Inclusive WASH for all in Rural Communities in Ethiopia prepared 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).

8. Challenges to be Addressed in COWASH IV

The following findings and observations have been obtained from field level assessment reports, discussions held with target communities and that of pertinent government partners during supportive supervision visits conducted in the course of phase III implementation period. Irrespective of COWASH III achievements with regard to gender equity, women empowerment and disability inclusion the following issues have remained as challenges to be addressed in COWASH IV to the extent possible:

8.1 Gender Equality and Women's Empowerment Related

- Though there are some improvements, the patriarchal (the power of the fathers or the father's right) social system still dominates in Ethiopia. Such social system is based on beliefs of men's superiority and give them the major decision-making power both at household and community level. Thus, the concept of "empowering women" is considered by the local people as "disempowering men" unless men of different age group are involved actively in the women empowerment process.

- Gender based differences from the point of access to and control over resources persist. Mostly men control household financial resources so that women are economically dependent to use WASH facilities in a sustainable manner (Most

rural women lack opportunity to generate income due to lack of time, skill, and capital).

- In comparison, women are less educated than men so that illiteracy hampers them not to benefit from different opportunities. For instance, women's lower educational achievement is usually considered as an excuse of not selecting women to the leadership positions in WASH management structures.

- Women are less mobile than men due to their childcare and household responsibilities, fear of physical and social violence and even because of socio-cultural norms that limit their mobility. Hence, women face difficulty to leave their residential area and spend the night away from home (if they are married in particular) to attend trainings, meetings, etc. organized by government and development partners including COWASH.

- Women have triple roles (Productive, Reproductive and Community Work) so that they are engaged for longer working hours in a day. Mostly they don't invest family money on labor and time saving devices to alleviate their work burden. Thus, time is a scarce resource for women to be used for self and public development activities.

- Time and venue chosen for public meetings may not be suitable for women and persons with disabilities so that it limits their level of participation.

- Women empowerment trainings are usually given only for women without including their partners, government officials/local administrators and religious leaders so that they will face problem to put what they learnt into practice. Targeting women alone for awareness raising sessions will not be helpful to remove social and institutional barriers, including harmful traditional practices, that hinder women's empowerment.

- Women have different needs and interests based on age (life stages of women), economic, social and educational status so that their level of demand for water and sanitation may vary though water and sanitation facilities are highly needed by all women and girls.

- As per COWASH Phase III project end line report[6], among all the water schemes where women are chairperson of the WASHCOs, women chairpersons chair all the WASHCO meetings in 87.9% of the water schemes. In 12.1% of the water schemes, their husbands (50%) and other WASHCO members (50%) chaired the meetings on behalf of the women chairpersons. So, in some cases, women's presence in leadership position seems only a nominal representation. The gender case study on WASHCO performance that has been conducted by COWASH in July 2016 indicated the following findings for nominal representation of women in WASHCOs: culture related problems (that devalue women in leadership

[6] COWASH Phase III project, End line Survey Report, May 2020 https://www.cmpethiopia.org/media/final_endline_survey_report_for_cowash_iii_project_may_30_2020/(language)/eng-GB

positions), busyness of women with household chores, men's better capacity (gained due to experience) in water point management & women's low approval by the community to hold leadership positions[7].

- Regarding engagement of women and person with disabilities in WASH businesses, COWASH phase III experience illustrated that assigning women in leadership positions and including person with disability in WASH business needs close follow up at establishment stage of the enterprise which otherwise may result their exclusion[8].

- In order to ensure achievement of women's empowerment and gender equality, issues like gender-based violence/domestic violence, harmful traditional practices and child abuse need to be addressed. COWASH IV has to work intentionally in bringing behavioural change on these issues.

- Availing safe water at the closest distance to the households assist women and girls to have time to be engaged in productive and self-development activities. Beyond provision of safe water nearby homes, there is a need to build capacity of women, or create enabling environment for women, to make use of the opportunity for their livelihood improvement.

8.2 Disability Inclusion / Social Inclusion Related[9]

- In COWASH III, despite extensive trainings that were given for water technicians /artisans of target woredas to apply inclusive design for WASH facilities construction, it has still been difficult for some of the woredas to understand how an accessible water point/latrine might look and why it is important. Many woredas have constructed accessible WASH facilities, while some woredas did not due to some misunderstandings and the result has been an inaccessible WASH facility.

- There are also big performance differences among COWASH woredas, as some have constructed all the water points with the new design, some few and some none. These differences are due to attitudinal barriers at different levels. Some woredas have only used the new designs for new constructions, while some have made all rehabilitated water points accessible as well.

- Challenges regarding the use/application of inclusive design for construction of institutional latrines include that the designs are either not understood or known or implemented, and they may not see as necessary by the woreda or region or

[7]Gender Case Study on WASHCO Performance, 2016
https://www.cmpethiopia.org/media/washco_performance_and_gender_case_study/(language)/eng-GB

[8]COWASH Learning Note: creating new enterprises and jobs in sanitationand water suppy. March 2020
https://www.cmpethiopia.org/media/mses_learning_note_3/(language)/eng-GB

[9] Source of information for this section include COWASH Learning Note: including persons with disabilities in the improvement of WASH services, August 2020.
https://www.ircwash.org/sites/default/files/cowash_learning_note_disabilities_final.pdf

by the artisans and contractors. There has also been a lack of monitoring of implementation. Thus, students/teachers and patients with disabilities in the schools and health facilities without accessible latrine may experience any form of difficulty in the process of relieving themselves.

- Due to attitudinal barriers at different levels, both many women and many persons with disabilities themselves have fear of rejection / un unacceptance /discrimination to take up leadership positions in WASH management.

- COWASH III has been working with people with disabilities and disabled people's organizations intensively but not much with other disadvantaged groups like the children, elderly people, and unemployed youth.

9. Theoretical Frameworks of the Strategy

COWASH in its previous phases has been working on the issues of gender and disability inclusion in WASH. In doing so, the project has benefitted in designing and implementing gender and disability inclusion interventions as per sector-based policies, strategies, and guidelines prepared by the Ethiopian Government. Some of these policies and strategic documents include: The Ethiopian Water Resources Management Policy (1999)[10] that gives emphasis to promote the full involvement of women in the planning, implementation, decision making and training as well as empowering them to play a leading role in self-reliance initiative as described under gender issues section. The Ethiopian Water Resources Management Strategy (2001)[11] has a separate section for gender mainstreaming that gives emphasis to women to play the central role in water resources management activities, to pay special attention to the role of women while establishing community-based structures for the management of localized WSS systems and train women in the O&M procedures as well as reorient research and development efforts to better understand the constraints that restrict women in playing lead role in the management of localized water systems, and suggest to devise appropriate measures to address those constraint. Though disability inclusion is not mentioned clearly, the EWRMS states to give attention to the disadvantaged groups, who normally have little say in water management and planning.

The Health Sector Transformation Plan (2015/16 -2019/20)[12] also states gender equality as one of its guiding principles and further elaborates that gender is

[10] Federal Democratic Republic of Ethiopia, Ministry of Water Resources, Ethiopian Water Resources Management Policy (1999). file:///C:/Users/Toshiba/AppData/Local/Temp/Ethiopian%20Water%20Resources%20Management%20Policy-2.pdf

[11] Federal Democratic Republic of Ethiopia, Ministry of Water Resources, Ethiopian Water Sector Strategy (2001), https://chilot.me/wp-content/uploads/2011/08/water-strategy.pdf

[12] Federal Democratic Republic of Ethiopia, Ministry of Health, Health Sector Transformation Plan 2015/16-2019/20, October 2015. https://www.globalfinancingfacility.org/sites/gff_new/files/Ethiopia-health-system-transformation-plan.pdf

considered as a cross cutting equity issue and empowering women is the principal means to ensure the health of all family members in the household. One of the strategic objectives of the HSTP deals with reducing disparities between regions and groups with different levels of underlying social advantage/disadvantage (women, youth, children, the wealthy, the poor and people with disabilities) in the provision of quality health services. Phase II of the One WASH National Program; A Multi Sectoral SWAp (Nov.2018)[13] clearly illustrates gender and disability as cross cutting issues in enhancing WASH outcome programs. The disability section of program document states that the program has to be more sensitive 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. Persons with disabilities should be consulted and should also participate in the planning and implementation of WASH facilities.

COWASH IV as a continuation of the previous COWASH phases fully relies on WASH sector policies and strategies of the country. Besides, COWASH IV project as a new phase, strives to adopt the recent theories in its attempt to address the issues of women empowerment, gender equity and disability inclusion stipulated in the project document and contribute for the achievement of envisaged outcomes and impacts of the project. The section below shortly explains the theoretical shifts made over the years and the advanced theories to be used in the course of implementing the present phase.

9.1 Gender Transformative Programming in WASH

The concept of gender on the international agenda emerged in the early 1970s preceded by Women in Development (WID) approach challenging the notion of women as passive beneficiaries of development. The approach criticised as one of simply 'add women and stir' and replaced by Women and Development approach that emphasize the need for structural changes in the global political economy. Then, the Gender and Development (GAD) approach followed, focusing on unequal power relations between men and women. Gender and development approach recognizes that men and women can be affected differently by development initiatives, given their different socially constructed roles and responsibilities, opportunities, and constraints influenced by these, and the value placed on gendered roles and responsibilities.

The word gender describes the socially-constructed roles and responsibilities that societies consider appropriate for men and women. Gender equality means that men and women have equal power and equal opportunities in every sphere of life. Women's empowerment is a critical aspect of achieving gender equality. It includes increasing a woman's sense of self-worth, decision-making power, access to opportunities and resources, power and control over her own life inside and outside the home, and her ability to effect change. Yet gender issues are not focused on women alone, but on the relationship between men and women in society.

[13] Federal Democratic Republic of Ethiopia, One WASH National Program: A Multi Sectoral Sector Wide Approach, Nov.2018.

Two terms to be considered in COWASH IV implementation include practical gender needs and strategic gender interests. Practical gender needs are the needs of women or men that relate to responsibilities and tasks associated with their traditional gender roles or to immediate perceived necessity identified within a specific context. Strategic gender interests concern the position of women and men in relation to each other in a given society that relate to gender division of labor, access to and control over resources and decision-making power at household and community level.

Water, sanitation, and hygiene (WASH) interventions affect women and men on both practical and strategic levels. WASH interventions closer to home meet practical needs of women related to menstrual hygiene management, reproductive and maternal health. It has also an impact on other practical needs of women arising from their traditional role in care economy besides reducing their risk of vulnerability to violence that could happen when collecting water from distance and practice open defecation.

Besides meeting the practical needs of women and men, addressing strategic gender needs focusing on gender transformative WASH programming aim to transform the power structures that underlie unequal gender power relations and norms through empowering marginalized women and girls to come into public domain, share their perspectives, take on leadership roles and be effective in discharging their responsibilities of managerial positions besides addressing issues related to intra-household inequalities. It addresses the root causes of gender inequality and promotes the value of women and girls goes beyond improving their condition. It seeks to improve their social position. Working with men and boys as allies and champions of change is vital in order to challenge and transform dominant social, economic and political structures that perpetuate gender inequality.

Knowledge box / Learning from Plan International
A gender transformative approach tackles the root causes of gender inequality and reshapes unequal power relations. To facilitate and articulate a clear vision of what and how to implement a gender transformative approach six essential elements which are interconnected and mutually reinforcing have been identified:

1. It is paramount to understand and address **how gender norms influence children** throughout their life-course, from birth to adulthood;
2. **Strengthen girls' and young women's agency** over the decisions that affect them, and build their knowledge, confidence, skills and access to and control over resources;
3. For a truly gender transformative approach, **work with and support boys, young men and men to embrace positive masculinities** and to promote gender equality, while also achieving meaningful results for them;
4. A one size fits all solution simply does not work. Thus, **consider girls, boys, young women and young men in all their diversity** when identifying and responding to their needs and interests;
5. Improve the conditions (daily needs) but most importantly focus on the work in **improving the social position (value or status) of girls and young women**; and

6. To ensure a sustainable outcome, **foster an enabling environment** (including with policies) where all stakeholders work together to support children and youth on their journey towards gender equality.

The approach encourages critical reflection, questioning and challenging of gender norms as well as the distribution of resources and roles based on a person's gender. It aims to foster an enabling policy, budgetary and institutional framework for gender equality, that adequately protects girls' and women's rights, tackles the barriers they face and meets their particular needs. It requires working at all levels (as individual, within family and relationships, as communities, institutions and societies) and across a person's life course. On top of that, it involves active listening and continuous engagement with power holders, with girls, boys, women, and men. Of course, such a process is complex, highly context-specific and time consuming, but gender equality cannot be achieved by just one intervention, project or program alone but collectively the impact on gender equality can be maximized[14].

Gender transformative programming aims to explicitly transform unequal gender power relations. It addresses the root causes of gender inequality and promotes the value of women and girls. It goes beyond improving the condition of women and girls – it seeks to improve their social position. A gender transformative program works at several levels at the same time[15].

9.2 Disability Inclusion / Social Inclusion in WASH

People with disabilities face barriers to accessing water, sanitation, and hygiene (WASH) services and facilities that fully meet their needs. Women and girls with disabilities experience double discrimination, and placing them at higher risk of violence, exclusion, and exploitation. As with all SDGs, Goal 6: Clean water and sanitation, follows the guiding principle of "leave no one behind". However, barriers to accessing WASH services disproportionately affect certain groups, including people with disabilities. This inequitable access to WASH impacts their health, livelihood, and other opportunities.

Despite the progress made in improving the availability of WASH services, ensuring the WASH services will reach everyone and that no one is excluded is still a challenge to Ethiopia. Exclusion from WASH means a person or group of people are prevented from having access to water, a toilet or handwashing facility, or where access is very difficult for them and their needs have not been recognized or considered important. Inclusion in WASH means that everyone has access to safe WASH facilities and the needs of all members of a given community, regardless of who they are and their circumstances, are fully addressed in the design, planning and implementation of WASH services. Everyone benefits from

[14] Plan International, Our Gender Transformative Approach: Tackling the root causes of Gender Inequality, January 2019. https://plan-international.org/eu/blog-alex-munive-gender-transformative-approach

[15] Plan International Canada's architecture for gender transformative programming and measurement: a primer, July 2019. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/EmrulHasan.pdf

inclusive WASH. In addition to people with disabilities, other marginalised groups who may be excluded are:

Elderly people: As they get older, women and men may become gradually less able to walk and have increasing difficulty with high steps. In a latrine, they may be less able to squat over the hole.

Small children: WASH facilities designed for the average adult may not be accessible or safe for small children.

Pregnant women: During pregnancy, women may find it uncomfortable to squat and be unable to walk long distances.

People living with long-term illnesses including HIV/AIDS: As well as being physically weak, sick people may need more frequent washing of themselves, their clothes and bedclothes. People living with HIV/AIDS also often suffer from stigma and discrimination by their community.

People engaged in marginalized occupations: Some activities such as traditional pottery, working with animal skins, and some textile work (locally called 'shemane') may be considered sub-standard and discriminated against.

Internally displaced people: persons or groups of persons who have been forced to leave their homes or places of habitual residence due to natural and human made calamities.

COWASH IV targets these marginalized groups in the provision of WASH facilities and services to make them benefit equally and make their voices heard in the planning, implementation and post construction period.

Knowledge box

UNICEF guidance note (undated) on disability inclusive WASH practices highlights five key messages:

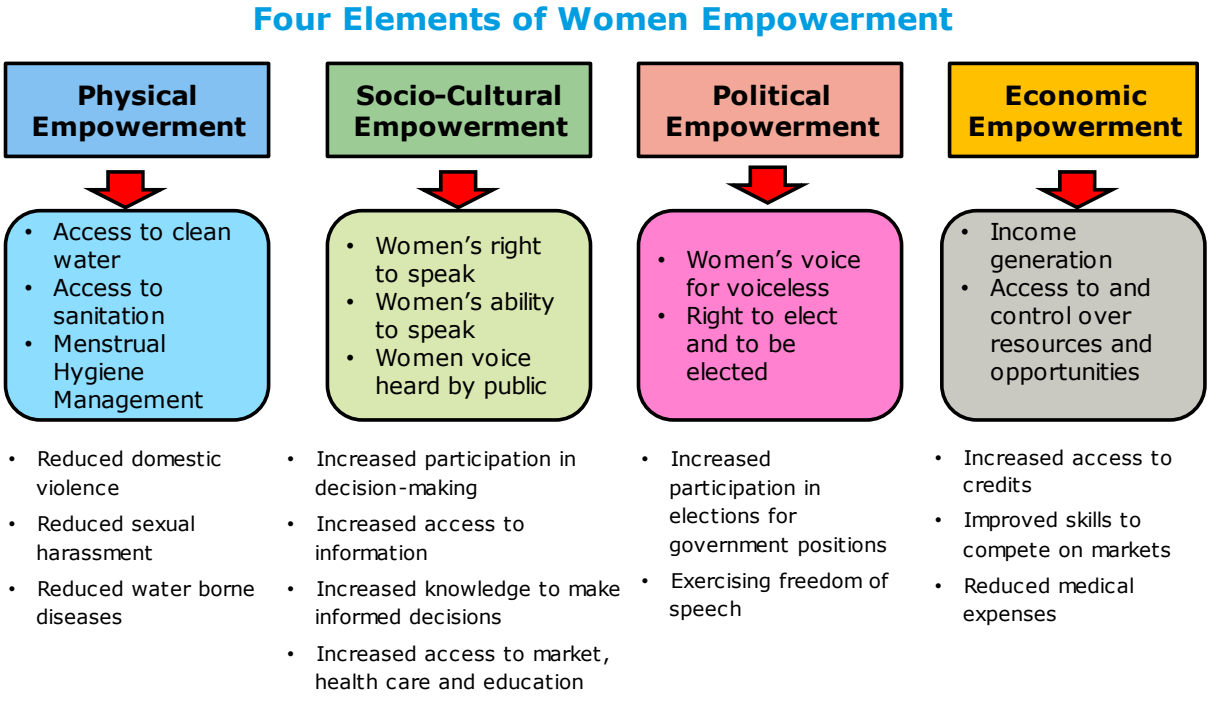
- Encourage the participation of people with disability in all decision-making processes; ensure WASH related information is accessible and in formats that people with different types of disabilities can understand;
- Address stigma and discrimination, transforming social norms related to WASH access and inclusion for persons with disabilities;
- Raise awareness and talk about the rights of people with disabilities to WASH as well as their specific needs when planning, implementing, and monitoring and evaluation of WASH activities. Promote a positive attitude towards addressing WASH needs of people with disabilities with government, sector partners and communities;
- Consider disability in the design, monitoring and evaluation of development and emergency WASH interventions. Identify specific bottlenecks faced and solutions to the bottlenecks. Disaggregate data by disability, and
- Design and build WASH facilities according to the principles of universal design so all, including people with disability, can use them. Specifically,

WASH facilities should be physically accessible, and affordable for people with different types of disabilities.

This guidance encourages a twin-track approach making mainstream WASH facilities inclusive by adopting principles of universal design. Complementing this with direct interventions will address individual disability related needs.[16]

10. Strategic Undertakings

COWASH IV considers the four elements of empowerment focusing on physical, socio-cultural, political and economic empowerment[17] to address issues of gender transformative and women empowerment components of the project as presented below.



Detail undertakings are presented below.

10.1/ Staff Assignment and Sharing of Responsibilities

Regional Support Unit (RSU) Staff in COWASH Regions - Each region supported by COWASH shall have a Gender and Inclusion Specialist (GIS) full time staff as part of the regional support unit team. In the absence of full-time staff on this position, each region will assign a focal point to oversee

[16] K4D: Mainstreaming disability and making WASH programs inclusive, Oct 2018, https://assets.publishing.service.gov.uk/media/5c6eb8b040f0b647b35c43c9/372_Disability_Inclusion_in_WASH_Programming.pdf

[17] Brochure on Women Empowerment in COWASH, January 2019. https://www.cmpethiopia.org/media/women_empowerment_in_cowash_2019/(language)/eng-GB

mainstreaming of gender and disability inclusion in all project components. Besides, each COWASH staff and RSU member consider gender and disability responsibilities in his/her respective area of work so that gender mainstreaming and disability inclusion will not be the sole responsibility of the GIS full-time staff or focal point. In COWASH IV, job description of Regional Support Unit staffs has been reviewed accordingly. The regional GIS full-time staff or the focal point will get technical support from the Gender and Inclusion Specialist stationed at Federal level (i.e. member of Federal Technical Assistance Team).

Disabled People Organizations – COWASH continues to work closely with local people with disabilities and disabled people organizations /associations exist at different tiers. Knowledge sharing, human capacity building, research undertakings could be potential areas to work jointly. The list of renowned people with disabilities and disabled people organizations that COWASH has been working since phase III shall be updated in COWASH IV and disseminated to regions for subsequent use.

Knowledge Box

The Sanitation Learning Hub, Guidance Note: Foundations of Disability-Inclusive WASH

Within community-based WASH projects, a number of ways are suggested for deepening disability-inclusive WASH practice including integrated approach to gender equity and disability inclusion, accessibility and use of universal design, working with local people with disabilities and their representative organisations, linking with other disability programs and services and supporting people experiencing more complex barriers to WASH[18].

Using Allies and Champions of Change - At the rural community level, COWASH works with men, boys, faith leaders and community elders as allies and champions of change in order to challenge and transform dominant social barriers that perpetuate gender inequality. Active and positive engagement of these group of the community means improving sustainability of WASH services as well as it is the potential for redistribution of unequal domestic and care responsibilities from women to men. It generates an enabling environment for women to have a stronger voice in decision-making processes, and for men to better support women's role in decision-making in the household and community levels. Even if WASH programme alone can't solve existing social inequalities and structural problems, it supports change in gender relations by making decision-making processes more equitable and less discriminating and subordinating of women. Schools, meetings of user communities, completion

[18] The Sanitation Learning Hub, Guidance Note: Foundations of Disability-Inclusive WASH, June 2018 https://sanitationlearninghub.org/resource/guidance-note-foundations-of-disability-inclusive-wash/

ceremonies of WASH facilities, awareness raising sessions at water points could be potential areas to get attention of boys, men, faith leaders and community elders.

10.2/ Equity and Inclusion in Decision Making of WASH Implementation & WASH Services Management

- The CMP approach stimulates demand among the communities to have water facility and then both men and women members take part in electing WASHCOs democratically. WASHCOs are representatives of the user communities. Members are five to seven (different regional standards) and majority[19] of WASHCOs need to be women to ensure sustainability of the WASH services. The role of women in rural water and sanitation management beyond mere service recipients is promoted by the project. Thus, in each WASHCO, at least one or two of the three leadership (chairperson, treasurer and secretary) positions shall be hold by women[20]. Besides, persons with disabilities should be part of the committees in planning and managing the implementation of community WASH projects. It is the best way to ensure that their voices are heard. It also shows the community that they have the capacity to be active and productive. COWASH has recommended that in each WASHCO there should be one person with a disability. Beyond quota system for representation of women and PWD in WASHCOs, strengthened and coordinated effort is needed to build their leadership capacity. Woreda facilitators and kebele WASH teams need to be aware on these issues (inclusion on women and PWD in WASHCOs) during WASH related capacity building /CMP training.

- Following election process, WASHCOs submit project application to woreda WASH team attaching the list of potential beneficiaries with the application form. From gender and inclusion perspective, there are two issues that need attention. Firstly, at the application stage, local leaders need to make sure the inclusion of marginalized groups[21] in the list of potential beneficiaries. Secondly, these groups of people should not be viewed as mere recipients of benefits but they should take part in making contributions in the area they feel comfortable and their contributions need to be recognised by user communities. They should also be able to make their voices heard and be part of each process throughout the construction period and beyond. Thus, WASH related community meetings need to be organized at convenient venue and time for most members of the community including women, PWDs and other marginalized groups.

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[19] Most documents refer at least 50% of WASHCO members to be women. However, unless the committee members have even number, the 50% proportion will not be addressed.

[20] Beyond election, the most important thing is building capacity of Women WASHCOs to discharge their responsibilities accordingly. Thus, women in leadership trainings are part of the capacity building training. In doing so, partners of WASHCO members will also be included in the training.

[21] Broadly speaking, marginalized groups include people with disabilities, elderly people, economically deprived/poorest of the poor households that happen at the bottom in the economic strata (i.e. female headed households, child headed households if there are cases in the community as well as pregnant and lactating women, though this is temporary position. On top of these, however, there is an untouched area and it is usually hidden i.e., the social exclusion that is happened on individual or on a group of people due to the type of work / livelihood one is engaged in or due to ethnic / clan based difference.

- Water is necessary not only for drinking but also for other multiple purposes including food production and preparation, personal hygiene, care of the sick, cleaning, washing and care of domestic animals and in some cases in small home gardening. Since women are responsible to collect water for the household, they have accumulated considerable knowledge about water resources, including location, quality and storage methods. COWASH through the CMP approach ensures the participation of both women and men in equitable manner and make use of women's and men's knowledge in the process of availing WASH services. In particular, women's participation during site selection and deciding on the design of the water point need to be ensured. In order to materialize women's participation in site selection and their involvement in deciding the water point design, woreda technicians (both men and women professionals) who are responsible for site selection of water wells need to be aware during the CMP training[22]. Besides, number of women participated in the site selection process has to be included in COWASH CMP reporting format.

- Two sets of checklists are prepared to ensure mainstreaming of gender and inclusion of persons with disabilities in the implementation process of CMP approach.

  *Find **Annex 1:** Gender and Disability Inclusion Checklist in Key Steps of the Community Managed Project Approach*. This checklist has been prepared to guide COWASH stakeholders at all levels in integrating gender and disability inclusion (whenever PWDs exist in the user communities) considerations throughout the key steps of CMP approach to ensure involvement of women, men and PWDs in decision making process and to collect gender and disability disaggregated data at each step of CMP approach. The checklist can be used as a tool by WASH experts and WASHCOs (following their establishment) for planning, implementation and evaluation of the project.

  *Find **Annex 2:** Disability Inclusion Checklist*. This checklist has been prepared to guide COWASH project stakeholders at all levels to raise awareness on disability issues, and to ensure that the needs of persons with disabilities are addressed and mainstreamed in COWASH activities. It can be used to measure if a proposed COWASH project involves and meets the needs of community members with disabilities. It should be used at the start of the development of a project by a WASHCO to guide disability inclusion. All project applications submitted for COWASH support will be evaluated according to the checklist.

10.3/ Capacity Development / Strengthening

COWASH/ RSU staff, Government Partners – The present phase of the project continues to increase the awareness, understanding and capacity of WASH stakeholders in the COWASH regions at all levels on issues related to women empowerment, gender equality and disability inclusion. These

[22] In the process of making decision during site selection, make sure the decision is made by consensus involving the majority of women.

stakeholders include Regional Support Unit (RSU) staffs and government partners (working in Water, Health, Women Affairs, Education, Social Affairs and Enterprise Development and Finance sectors as well as Woreda and Kebele WASH teams. Such capacity building efforts ensure to make all newly constructed water and sanitation facilities to be accessible for all and enhance women and marginalized groups, including persons with disabilities, inclusion in the community WASH activities. Due to staff turnover at different levels, conducting continuous capacity building training / refresher training throughout the project period is important as deemed necessary.

The capacity building activities can be done through

- formal awareness raising training on disability inclusion, gender mainstreaming and women empowerment training;
- sharing electronically or printed materials, posters and leaflets on gender and disability inclusion as well as sharing links and creating conducive environment for RSU and sector government partners to attend virtual meetings on the same subject; and
- cross learning and experience sharing through site visits and discussion with user communities, partners can be taken as capacity building tool.

List of guideline and training materials prepared by COWASH include the following and can be accessed from CMP website as mentioned below. Each training material also has a version in three local languages (Amharic, Affan Oromo and Tigrigna). Translation to Sidama language will be done in COWASH IV.

1/ Training Guideline on Women's Leadership in WASHCO Management[23]
2/ Brochure on Women Empowerment in COWASH[24]
3/ COWASH Disability Inclusion in WASH Guideline[25]
4/ COWASH Community Level Disability Inclusion Guidebook (Inclusive WASH for all in Rural Communities in Ethiopia [26]

- Noting disability inclusion in WASH sector requires commitment of high-level officials there is a need to organize awareness raising in disability inclusion to

[23] Training Guideline on Women's Leadership in WASHCO Management, February 2018. https://www.cmpethiopia.org/media/training_guideline_on_women_s_leadership_in_washco_management_english2/(language)/eng-GB

[24] Brochure on Women Empowerment in COWASH, January 2019. https://www.cmpethiopia.org/media/women_empowerment_in_cowash_2019/(language)/eng-GB

[25] COWASH Disability Inclusion in WASH Guideline, October 2017. https://www.cmpethiopia.org/media/cowash_disability_inclusion_guideline_181017/(language)/eng-GB

[26] COWASH Community Level Disability Inclusion Guidebook (Inclusive WASH for all in Rural Communities in Ethiopia, March 2017. https://www.cmpethiopia.org/media/cowash_community_level_disability_inclusion_guidebook_english/(language)/eng-GB

regional, zonal and woreda office heads then the disability inclusion training will be cascaded to technical experts up to kebele WASH teams and WASHCOs. Moreover, all trainings in COWASH need to include PWDs as trainers and trainees and shall be reported in disaggregated form as the disability data is collected during the training using the format prepared by COWASH. *Find **Annex 3**: Tool to Collect Data on Persons with Disabilities in Trainings at Regional, Zone and Woreda Levels.*

- Accessibility of training venues / training halls need special attention to ensure participation of PWDs as attendees or trainers. Hence, accessibility has to be a mandatory requirement in the procurement process in COWASH organized trainings. Maximum effort has to be done to find accessible training centres though there is a challenge to find accessible venues even in the regional capitals at times.

Target /User Communities - COWASH IV continues to build capacity of WASHCOs in applying conventional CMP technologies. People at the community level are the primary beneficiaries of the project while women and girls as well as PWDs are the main beneficiaries at household level. WASHCOs are representatives of the user communities. Influential and trusted men and women are expected to be elected from and by the user communities after they receive thorough explanation on duties of the WASHCO members. For further information, *Find **Annex 4:** Recommended Roles and Responsibilities of a WASHCO*.

- WASHCOs shall receive gender and disability inclusion in WASH awareness training as part of CMP training to tackle harmful traditional practices that promote the exclusion of women and PWDs from access to and control over resources and make their voice unheard due to their exclusion from decision making process both at community and household level. Partners (husbands and wives of WASHCO members and/or family members of PWD WASHCO member) need to receive gender and disability inclusion awareness training so that at the end, the WASHCO member will receive the required support from other family members for his/her voluntary job. Targeting the wider user communities for gender and disability inclusion awareness training is also vital so that women and PWD WASHCO members can get support from the communities to play their leadership role.

- Leadership training shall also be given to WASHCO members to bring women and PWD in leadership position (chairperson, treasurer and secretary position). Capacitating women and PWD leaders in leadership skill is important to build their confidence and discharge their responsibilities at the required level. Partners (husbands and wives) or family members of WASHCO members need to attend the training along with WASHCO members so that they can extend their support for WASHCO members to discharge their responsibilities in general and to materialize women's and PWDs leadership in WASHCOs in particular. Due to budget implication, both the gender and disability inclusion awareness and leadership training for partners/family members of WASHCOs and the user communities shall be conducted at a water point level along with other awareness raising issues.

- While arranging training for WASHCOs outside their kebele, women members of WASHCO with toddlers and PWDs need special attention in order to give them equal opportunity to attend the training with full attention with that of other members. The support could be arranging space for the toddlers (children that range from 1 year to 4 years of age) to stay with volunteer baby sitters or arranging safe playground for them to create conducive environment for their mothers to attend the training with no or less interruption. Similarly, venue of the training must be convenient for PWDs (i.e., to the extent possible consider accessible meeting halls for PWDs).

10.4/ Equal Access to and Control over WASH Services among User Communities

Promoting Accessible WASH Facilities – Building on the previous phase, COWASH shall aggressively work to institutionalize the implementation of accessible water points and latrines at community, household and institutional level. Ensuring inclusive access to water and sanitation for persons with disabilities requires accessible designs, including accessible toilets, water points, water carriers, bathing places and handwashing facilities. To facilitate implementation of accessible water points COWASH has developed inclusive hand dug well design and inclusive public tap design [27] to be adopted in all target regions in phase IV as well.

- As shown from past experience, lack of access path to the accessible WASH facilities has remained a challenge due to difficult topography in some areas which needs alternative solutions to be sought to ensure access for all. In some cases, investing on the access path may not require huge resource (financial, human and material) but requires commitment of the user communities to join their hands and take action. In fact, in rural areas there are a number of experiences in terms of using the path/walkway from home to water sources. The women in some cases use different route to go to the water point from home to collect water and when they come back home after water collection mostly, the path towards the water point is different at the rainy and dry seasons. Thus, seeking solution for the access path in a given user communities needs to consider these scenarios.

Promoting Improved Sanitation and Hygiene - Full health benefits of improved water supply cannot be achieved without improved sanitation and hygiene. At household level, men and women have different roles to play and different level of decision-making power to invest on sanitary items. Men as head of the household make decisions on the plot of land in the compound and invest on the required resources for the construction of household latrine and hand washing utility/facility. Women as guardians of family hygiene need to agree whether the constructed facility offer privacy and it is safe to be used by children, by themselves and other family members. Thus, both men and women including

[27] Inclusive hand dug well design in COWASH III, may 2018. https://www.cmpethiopia.org/media/inclusive_hand_dug_well_design_in_cowash_iii_final/(language)/eng-GB

PWD need to be targeted for hygiene education, either in a separate group or mixed group, depending on prevailing practice of the localities.

- In the previous phase, some households have adopted the low-cost technical solutions demonstrated as part of the trainings to improve sanitation access for their family members with disabilities. Intensive and targeted promotion is needed to further scale up the experience in all households with family members having disabilities. So long as households with a disabled family member/family members need to be identified during project application, technical support by woreda technical staffs and continuous follow up WASHCOs has to be given for the identified households to meet water and sanitation needs of community members. As budget /financial resources allow, households with disabled family member/members and households with elderly people (have critical human labor shortage) shall get priority for water service connection in their yard.

- To date, health extension workers (HEWs) are responsible to perform this activity at grass root level (being supported by a voluntary group called women's development army[28] in some regions). In order to expedite implementation of hygiene and sanitation related activities, COWASH shall work on capacity development of woreda WASH experts and kebele WASH team so that HEWs get technical and facilitation support from woreda and kebele WASH teams respectively. Above all, COWASH IV has included behavioral change interventions[29] to accelerate adoption of improved hygiene and sanitation practices in the target woredas. Separate strategy has been prepared by the respective specialist of FTAT.

Promoting Menstrual Hygiene Management/Menstrual Health and Hygiene - All students benefit from improved WASH facilities and adolescent girls in particular will benefit from menstrual hygiene management (MHM) / menstrual health and hygiene (MHH)[30] interventions to be implemented in

[28] According to national policymakers and policy documents, the goals of the Women's Development Army are twofold: first, to reduce mortality and second, to produce "model" women, who discipline themselves and their neighbours to enact healthy behaviours. Using community health workers: Discipline and Hierarchy in Ethiopia's Women's Development Army, May 2015. http://onlinelibrary.wiley.com/doi/10.1111/napa.12064/full

[29] COWASH Social Behavior Change Strategy, July 2021

[30] Menstrual hygiene management (MHM) refers to management of hygiene associated with the menstrual process. WHO and UNICEF Joint Monitoring Programme (JMP) for drinking water, sanitation, and hygiene has used the following definition of MHM: 'Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear. Menstrual health and hygiene (MHH) encompass both MHM and the broader systemic factors that link menstruation with health, well-being, gender equality, education, equity, empowerment, and rights. These systematic factors have been summarised by UNESCO as

selected schools of COWASH IV woredas. Intensive intervention on menstrual hygiene management in selected schools shall be a learning area for COWASH that will be shared with other likeminded organizations through different forums. MHM interventions in schools include safe spaces for girls to wash, change and dispose of sanitary pads, access emergency pads, get information and counseling about menstruation, and rest to alleviate menstrual pains and cramps. This will help keep girls in school during their period [31].

The focus areas of COWASH IV on MHM/MHH include:

(i) Enhancing knowledge of adolescent girls and women (including women and girl students with disabilities) that exist in and out of school system on MHM/MHH using a comprehensive MHM/MHH awareness raising material;

(ii) Support the construction of MHM rooms in schools as per the design of Ministry of Education, along with construction of separate toilets for boys and girls; The MHM rooms and the path leads to the MHM rooms should also be accessible for women and girls with disabilities;

(iii) Promote enabling environment for local manufacturing and distribution of menstrual hygiene products (including the supply chain to ensure sustainability);

(iv) Support awareness raising training for regional, zonal and woreda staff, teachers, school supervisors, directors, school gender and WASH club leaders in order to make menstrual hygiene as an issue of everyone in the school. Trained school community shall cascade the training to all teachers and students in the selected schools (particularly in schools MHM rooms are constructed); and

(V) Promote awareness raising to the communities to address societal beliefs, taboos and stigmas surrounding the issue.

COWASH also needs to ensure impacts of the MHM/MHH interventions in terms of improving school attendance of adolescent girls during menstruation among adolescent school girls. Thus, data collection tools shall be prepared to measure impacts before and after MHM/MHH interventions in selected schools. The target population for MHM/MHH interventions in COWASH IV include adolescent school girls and that of adolescent girls and women out of school system in rural kebeles of the target woredas. Detail strategy for COWASH IV MHM/MHH undertaking shall be prepared separately.

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accurate and timely knowledge, available, safe, and affordable materials, informed and comfortable professionals, referral and access to health services, sanitation and washing facilities, positive social norms, safe and hygienic disposal and advocacy and policy. Guidance on Menstrual Health and Hygiene, March 2019. https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf

[31] Federal Democratic Republic of Ethiopia, Ministry of Education, WASH Facilities in Schools Design and Construction Manual, Nov. 2019.

Knowledge box

Elements of MHM: Key elements that are needed for effective MHM.

- Information, awareness-raising and opportunities for dialogue with women and girls, men and boys
- Creating positive norms and breaking down myths on MHM: Challenging taboos around menstruation
- Accessible sanitation facilities providing: privacy, access to water supply, disposal facilities and space for changing, washing and cleaning the body: Promote the design of toilets and hygiene facilities to meet the needs of menstruating girls and women with due attention for Inclusion of people with disabilities
- Cross-sectoral collaboration and confident staff able to engage and provide support on MHM
- Facilities, soap and buckets available for soaking and washing reusable protection pads and cloths: Facilities available for soaking, washing and drying reusable protection pads and cloths
- Availability of hygienic, affordable and culturally and age-appropriate menstrual hygiene protection materials in a sustainable manner:
- Environmentally friendly and hygienic collection and disposal systems for sanitary protection materials[32]

Engaging Schools and Girls' Clubs – As many literatures dictate, school girls' clubs are an increasingly popular approach to promoting adolescent girls' wellbeing. They help girls cope with the physical and emotional changes they experience during adolescence, and equip them with knowledge and skills to help them challenge discriminatory norms within their home and wider community. The clubs are run by trained teachers. Some clubs target girls in a specific age group (e.g., 13 and above) or target all girls enrol above specific school grade (e.g., grade 5 and above) or the clubs are open to any girl who wishes to participate. Most girls' clubs are single-sex environments, enabling girls to meet, learn and discuss issues that affect their lives without the presence of boys, who might dominate discussions or make it harder for girls to reflect on issues like menstruation, and other harmful traditional practices prevail in their localities. For this reason, girls' clubs are often labelled 'safe spaces. In some cases, the clubs target both girls and boys in mixed groups, named "Gender Club" as boys have an important role to play in changing attitudes and practices around gender equality.

[32] Community-Led Total Sanitation, CLTS Knowledge Hub, May 2017. https://www.communityledtotalsanitation.org/resources/elements-mhm

COWASH IV intends to establish or strengthen school girls'/gender club in schools with the aim to build the capacity of girls, including girls with disabilities (empower girls) to make them assertive and develop self-esteem, exercise their rights in decision making at home and school, advocate for their right to attend and remain in school / increase retention of girls in schools by way of removing barriers to girls' education, fully participate in learning activities and improve their performance in school, deepen sensitization on menstrual hygiene management among adolescent girls, including girls with disabilities and serve as change agents in sensitizing their parents and communities to eliminate harmful traditional practices that hamper to pursue their education. Empowered school girls can also be role model for drop out and out of school girls to increase their desire to return /to join school. Members of girls' clubs may convey pertinent messages through dramas, poems, case stories and songs to the school community using school mini-media on regular basis and to other community members during school days and public gatherings. Quiz competitions with other clubs or with boys from their school as well award ceremonies for best performing girls at the end of each semester encourage girls to give more emphasis on their education. COWASH supports the training of teachers and leaders of school girls' clubs on MHM, disability inclusion and school WASH management. Trained teachers and club leaders shall cascade the training for school girls' club members and will also have regular meeting and discussion with the club members on topics affecting girls (sexual harassment, gender-based violence, HTPs, HIV/AIDS, reproductive health education, personal hygiene, MHM, etc.).

The school management and school club leaders must ensure membership and active participation of female students with disabilities in the girls' club and their representation in leadership positions.

COWASH shall also develop re-usable home-made sanitary pads production manual for school girls' clubs and provide ToT training for relevant regional government partners. Trained government staffs shall cascade the training to woreda staffs and school teachers.

Girls' clubs will ensure accessibility and proper use of menstrual hygiene management blocks/rooms (either constructed as per Ministry of Education standard or dedicated room for this purpose) in their respective schools, will ensure that necessary furniture and relevant consumable items[33] are provided/ available for use.

The use of voluntary female professional role models working in or from their communities, to make motivational speeches to engage young girls in school learning would be one initiative to be piloted in two to three woredas in each of COWASH regions in the course of COWASH IV implementation period. Such

[33] Furniture (mattress, blanket, pillow) and consumables (sanitary pads, soap, pain relief, for emergency purpose,

opportunity can be used to raise awareness of the school community on women empowerment, gender equality and disability inclusion related issues.

Knowledge Box

Key Points on Girls' Clubs

- Girls' clubs – whether in school or other community settings – aim to empower girls by giving them a chance to learn about issues that affect their lives, enabling them to expand their social networks and, in some cases, learning vocational and life skills.
- Girls' clubs and empowerment programmes can help to shift gender norms, attitudes and practices by increasing girls' self-confidence, encouraging them to express their views, and giving them access to role models who often also act as mentors.
- Programmes need to do more to target the most vulnerable girls. Clubs must be held at convenient times for girls, and activities must be appropriate to participants' age and context.
- Clubs should engage with girls' families to influence girls' lives so that they can pursue their rights within a supportive environment. It can be particularly fruitful to engage with men (fathers, grandfathers, uncles and older brothers) who have the greatest decision-making power over girls' lives.
- Girls' clubs are one of several 'ingredients' of empowerment and gender norm change. They are most effective when accompanied by complementary interventions such as universal education, broader behaviour change and rights awareness communications that promote gender-egalitarian values, economic opportunities for educated women, and legal changes to prohibit discriminatory practices[34].

Engaging Schools and WASH Clubs – School children are considered effective WASH promotion agents who can catalyze behavioral changes in their community. Many children experience the use of improved WASH facilities on a daily basis in school. They learn why sanitation and good hygiene are important and this can influence their attitude and practice. Involving schools and strengthening school WASH clubs helps to introduce behavioral change, firstly in the children; secondly, through influence on their families at home; and thirdly, through influence in the wider community[35].

[34] Oversees Development Institute, Girls' clubs and empowerment programmes, Knowledge to action: Effective action on gender norms that affect adolescent girls, September 2015**,** https://cdn.odi.org/media/documents/9810.pdf

[35] Urban WASH: Working with People, https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=80596&section=7.1

COWASH IV intends to establish or strengthen school WASH club in schools to ensure proper utilization and management of accessible WASH facilities in schools. WASH clubs will play lead role in ensuring school children have access to safely managed latrines (handwashing facilities with soap and water are available, and accessible for PWD) during school hours and are using it properly and practicing hand washing practices at critical times. In collaboration with school management and other school clubs, WASH clubs will be responsible to disseminate sanitation and hygiene messages to the school community and beyond, to ensure functionality of WASH facilities, including availability of soap at the handwashing stations and generate resources for maintenance of facilities through different activities. WASH clubs will use hygiene events (like Global handwashing day (October 15); World water day (March 22); and World toilet day (Nov. 19), etc.), to raise awareness in the community on WASH related issues. WASH clubs will propagate if the proper services for students with disabilities is not available in the school.

10.5 Partnership, Networking and Advocacy

At Federal Level - COWASH, in its previous phases, worked in collaboration with Women Affairs Directorate (WAD) in the Ministry of Water, Irrigation and Electricity particularly in the area of capacity building, conducting gender research and celebrating March 8, International Women's Day. Similar attempt has been made to work with Ministry of Labor and Social Affairs to address disability inclusion issues. COWASH also gave support to the National WASH Coordination Office in the establishment of gender equity and disability inclusion taskforce to facilitate learning and information sharing among members at Federal level. In phase IV, COWASH shall continue to work closely with the NWCO and with the established taskforce on gender equity and inclusion issues, strengthen partnership with DPOs, and shall extend technical support for the Women Affairs Directorate in the MoWE as deemed necessary.

At Regional, Zonal and Woreda Levels - At regional and woreda level, there is a need to work closely with Women Affairs Bureau and Women Affairs Office respectively and with regional gender focal persons of water, health and education Bureaus as well as regional and zonal DPOs to exert joint efforts in addressing issues of gender equity and inclusion in WASH sector. COWASH shall prepare gender equity and inclusion focused articles, pictures, brochures and leaflets for wider circulation to sensitize the general public.

Learning on gender equity and inclusion shall be done regularly, by facilitating regular discussion with partners and communities and feeding back into COWASH project strategies.

At Kebele Level - At grass root level, woreda WASH team need to encourage kebele WASH team and WASHCOs to work closely with community-based organizations (like *Idir*, or *Kire*[36] women's and youth associations, disabled people organizations, RUSSACOs, artisan associations, other business people) as well as with people with disabilities to promote their WASH rights and maximize opportunities to get technical and financial support needed for management of water schemes and build leadership skill of women WASHCO members. CMP training to Woreda and Kebele WASH teams shall include these issues as well.

- Awarding best performing WASHCOs with the involvement of government partners at woreda level and local administration at kebele level can also be used as an advocacy tool to encourage other WASHOs and user communities and excel the water schemes administration performance. Regions can have selection criteria for the best performing WASHCOs depending on their local context.

- For further information *Find* ***Annex 5:*** *Roles and responsibilities of the different stakeholders in COWASH at the federal, region, zone, woreda and community levels.*

10.6/ Research on Gender and Inclusion in WASH

- Qualitative and quantitative research undertakings of any subject in COWASH IV shall include analysis from gender and marginalized groups', including disability inclusion, point of view.

- Research on gender and social/disability inclusion shall be conducted to respond better to women's, men's and people with disabilities needs for improved WASH services in COWASH regions and beyond. Some of the research topics include, but not limited to: gender and disability inclusion audit on selected water points in the project woredas, harmful social norms and cultural practices, menstrual hygiene management practices, women's participation, empowerment and leadership.

- Findings of the research shall be disseminated to WASH sector partners in every way possible.

10.7/ Planning, Monitoring, Evaluation and Reporting

- Checklists / questionnaires to be used for data collection for project planning, monitoring and evaluation need to include gender and marginalized groups concerns and the data should be disaggregated by gender and disabilities. Equity and inclusion indicators in baseline data collection, outcome surveys and sustainability studies shall be included to measure progress in the course of COWASH IV implementation period.

[36] Idir or Kire are informal community-based organizations providing social and financial held to families for emergencies like funerals

- As a trend, performance monitoring plan of COWASH is prepared by way of including monitoring indicators and clearly shows the frequency of the data to be collected in disaggregated manner by regions, sex and disabilities.

- COWASH experience in integrating gender equity and disability inclusion in its M&E framework shall be continued in strengthened manner.

- COWASH annual progress reports need to analyze impacts of the project in changing the livelihoods of boys and girls, men and women, person with disabilities and other marginalized groups. Annual reports shall include success / failure stories collected from COWASH regions with analysis from gender and inclusion perspective. Reports need to include balanced picture and interview of men and women or boys and girls as well as people with disabilities of both sexes whenever pictures and interviews are done.

- Power point presentations prepared by the project (Federal to Woreda level) needs to show beneficiaries' number (training, exposure visit, users of water and sanitation facilities, so on) disaggregated by sex and disabilities.

- Intensive supportive supervision and practical demonstrations on site shall be conducted at various levels to ensure the principles of accessibility are fully understood and put in practice by all stakeholders. Joint supervision with the involvement of FTAT, RSU, regional, zonal and woreda WASH teams as well as discussion with WASHCO and other community level organizations need to be conducted on regular basis in each of COWASH regions.

11. Implementation Plan

The gender transformative and disability inclusive WASH strategy shall be in use in implementing COWASH IV gender and disability inclusion planned activities with overall guidance and technical assistance of the Gender and Inclusion Specialist of Federal Technical Assistance Team (FTAT). Gender and disability inclusion in WASH manuals and guidelines prepared during COWASH III shall be revised and distribute to facilitate the implementation process. In the respective COWASH IV regions, RSU staff in partnership with relevant government sector staffs are responsible for the subsequent implementation and close follow up. Thus, the following tasks are planned to be undertaken by the G&I Specialist and will continue conducting supportive supervision across COWASH IV target areas throughout the project period.

No.	Activities	Time line
1	Finalize the gender transformative and disability inclusive in WASH strategy	November 2021
2	Disseminate the strategy to CTA, FTAT and RSU of COWASH Regions	December 2021
3	Conduct orientation on the strategy to relevant RSU staff and government partners	January 2022
4	Revise and distribute to COWASH IV regions disability inclusion in WASH guideline	December 2021
5	Provide technical assistance to regions in conducting disability awareness raising to Regional, Zonal and Woreda Officials	January to May 2022
6	Identify and select partners working on disability at Federal and COWASH regions to assist COWASH in disability mainstreaming	February 2022
7	Adapt MoH MHM Policy and guideline to COWASH IV undertaking	March 2022
8	Produce, translate and disseminate to COWASH IV regions a comprehensive MHM awareness raising material based on existing documents	June 2022
9	Conduct gender and disability inclusion audit on selected water points in the project woredas (supportive supervision)	Throughout the project life starting from April 2022
10	Provide technical support and follow up COWASH IV MHM undertakings	Throughout the project life starting from February 2022
11	Conduct a review meeting with COWASH gender and disability inclusion experts /focal persons/ twice in the project life	December 2022 & June 2024
12	Compile and disseminate best practices	Starting from October 2022
13	Revise COWASH Women Empowerment and Disability Inclusion manuals based on feedbacks from stakeholders	May 2025
14	Assist baseline data collection and periodic review (mid-term and end line) on gender and disability inclusion	January/February 2022, May 2023 and April 2025 (to be aligned with M&E, FTAT schedule)

List of Annexes

Annex 1 : Gender and Disability Inclusion Checklist in Key Steps of the Community Managed Project Approach

Annex 2 : Disability Inclusion Checklist

Annex 3 : Tool to Collect Data on Persons with Disabilities in Trainings at Regional, Zone and Woreda Levels

Annex 4: Recommended Roles and Responsibilities of a WASHCO

Annex 5: Roles and Responsibilities of the Different Stakeholders in COWASH at the Federal, Region, Zone, Woreda & Community Levels.

Annex 1

Gender and Disability Inclusion Checklist in Key Steps of the Community Managed Project Approach

1) Promotion

☐ Are men, women and PWDs aware of the approach and the benefits of the approach?

☐ Is women's and PWDs participation encouraged right from the beginning of the project?

2) WATSANCO election

☐ Are the obstacles that women and PWDs may face in participating taken into consideration?

☐ What are the time, financial and social constraints of the participation of women and PWDs?

☐ Are special measures taken to ensure women's and PWDs participation?

☐ Is the qualitative participation of women and PWDs ensured?

☐ Are the benefits of women's and PWDs participation communicated to the whole community, to the women and PWDs themselves and especially to the men and the elderly in the community? Are the benefits of women and PWDs leadership in WATSANCOs communicated and promoted?

3) Project Application

☐ Is the women's and PWDs participation in the application process ensured?

☐ Are the differences between men's and women's literacy and education levels taken into consideration in the process?

4) Desk appraisal

☐ Who submits the CDF application for the water office?

☐ Are women & PWDs (if possible) also coming to the office to submit applications?

☐ Are there special measures taken to ensure that in the application the membership of women and PWDs is clearly stated?

5) Field appraisal

☐ How the appraisal meetings are organized?

☐ What are the possible financial and social constraints of the participation of women and PWDs?

☐ Are the times and places of the appraisal meetings convenient for men, women and PWDs?

☐ Are the appraisal purpose, time and place well communicated to men, women and PWDs in the community?

☐ Are special measures taken to ensure women's and PWDs participation?

☐ Is the qualitative participation of women and PWDs ensured?

☐ Is special attention given to women's and PWDs opinions?

☐ Is the special information women have in the traditional water usage taken into consideration?

☐ Are women's and PWDs opinions involved in the actual site selection?

6) Approval

☐ Is women's and PWDs participation in the proposal real?

☐ Are women and PWD in leading positions?

☐ Is the proportion of women and PWD membership kept in the WATSANCO election (2 women + 3 men, of which 1 PWD)?

7) Funding agreement

☐ Are all community members, including women and PWD aware or the agreement and its content?

8) Training

☐ How are the trainings organized?
☐ Are the obstacles that women may face in participation taken into consideration (for example children on breast feeding)?
☐ Are special measures taken to ensure women's and PWDs participation?
☐ Are the times and places of the trainings convenient for men, women and PWDs?
☐ Is the training purpose, its benefits, time and place well communicated to men, women and PWDs in the community?
☐ Is the qualitative participation of women and PWD ensured?
☐ Is special attention given to differences in men's and women's educational backgrounds and training experiences?

9) Contracting and Procurement

☐ Is the procurement of gender sensitive materials ensured?
☐ Is women's and PWDs involvement in the procurement process ensured?

10) Construction

☐ Are special measures taken to ensure women's and PWDs participation in the construction?
☐ Are the benefits of women's participation in the construction communicated to the whole community to prevent prejudices?
☐ Are the roles of women and PWD during construction clearly stated and communicated?

11) Supervision

☐ Is women's and PWDs qualitative participation also in the implementation ensured?
☐ Is special attention given to the participation of women and PWDs in the supervision of the construction?

12) Celebration

☐ Are special measures taken to make sure that the ownership of the water point covers men, women and PWDs in the community?
☐ Is it well communicated to the whole community that women's and PWDs benefits from the water supply will benefit the whole household?
☐ Is it well communicated to the community that proper management of the water point is the responsibility of the whole community, not only women?

13) Post monitoring

☐ Is gender disaggregated data collected for ensuring that the project benefits men, women and PWDs equally?
☐ Are both women, men and PWDs equally active in safeguarding the water point, in terms of taking care of the facility environment and sanitation issues?
☐ Are women and men equally participating in the management of the water point and trying to find immediate solutions to problems?
☐ Are regular inspections on the water point guard made by women, men & PWDs?
☐ Are both women, men and PWDs regularly visiting the water point?

Annex 2

Disability Inclusion Checklist

This CHECKLIST has been prepared to guide COWASH project stakeholders at all levels to raise awareness on disability issues, and to ensure that the needs of persons with disabilities are addressed and mainstreamed in COWASH activities. It can be used to measure if a proposed COWASH project involves and meets the needs of community members with disabilities. **It should be used at the start of the development of a project by a WASHCO to guide disability inclusion. All project applications submitted for COWASH support will be evaluated according to the CHECKLIST.**

Name of applicant community:
_____

Type of proposed project:
_____

Number of beneficiary households: _____

Did the WASHCO:

- Identify all households in the community with a disabled family member?
- Invite persons with disabilities or family members to attend WASHCO meetings?
- Ask persons with disabilities or family members to describe their water and sanitation needs?
- Include their needs in the proposed project design?
- Discuss the proposed project design with members of the community having a disability or a disabled family member?
- Request technical support to help design a disability inclusive project?
- Receive the needed technical support?

Name of person completing the CHECKLIST: _____

Date: _____

Annex 3

Tool to Collect Data on Persons with Disabilities in Trainings at Regional, Zone and Woreda 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. 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 use any assistive devices, e.g. crutches, wheelchair, artificial limb, someone's assistance
Do you have any other health problems e.g. epilepsy, leprosy, partial paralysis

Annex 4

Recommended Roles and Responsibilities of a WASHCO

Water, Sanitation and Hygiene Committee (WASHCO) is 5–7-member (the number depends on the region WASHCO legalization proclamation) committee elected from user communities with minimum of 50% women. In the case of PWDs being among the user communities, they should be represented in the WASHCO. The WASHCO is the project manager for the planning, implementation and O&M of community water supplies. The roles and responsibilities of the WASHCOs include: -

- Represent community opinions in the development, organization and presentation of their view-points concerning the development and management of improved water and household level sanitation facilities
- Mobilize users to participate in all aspects of water supply implementation, such as design, site selection, construction, management, O&M and monitoring.
- Set up and enforce bi-laws to govern the water source in liaison with woreda council authorities
- Sign all relevant agreements, certificates and contracts for water supply construction.
- Identify and maintain a list of water source users.
- Collect and manage community contributions towards O&M.
- Open a saving account at MFI for depositing O&M fund collected from users.
- Sign water schemes CMP investment fund financing agreement with the WWT chairperson.
- Open a CMP account/ledger at the MFI sub branch (woreda) office for receiving CMP grant for the construction of the water scheme.
- Withdraw and manage funds from woreda MFI sub branch office CMP bank account when allowed by the WWT.
- Procure materials and services for the water supply and sanitation construction
- Supervise the work of the contracted artisans
- Prepare progress reports and submit these to the woreda water office
- Prepare financial reports, requests and receipts and submitting these to woreda water office.
- Set up and enforcing by-laws that reflect community requirements to govern the water source and its use;
- Appoint caretakers and pump attendants and monitoring their performance.
- Agree O&M tasks and responsibilities with water users.
- Ensure that major damage to the scheme is immediately reported to the Woreda Water Office.
- Ensure re-election and training of new committee members as necessary.
- Promote improved hygiene practices and sanitation among water users and record current latrine status.
- Promote and facilitate the possible group loans from financial organizations for the community to construct the improved latrines for each household of the users
- Facilitate the possible subsidy provided for the household sanitation construction
- Facilitate that all household latrines are improved and periodically maintained

- Ensure that all water users are managing the water at household level with good hygiene Practice

Election of a Water, Sanitation & Hygiene Committee (WASHCO)
The positions of the WASHCO are: -

- Chairperson 1
- Secretary & accountant 1
- Cashier/treasurer 1
- Store person 1
- Control/auditor 1
- Household sanitation and hygiene promoter 1
- Member 1

At least 50% of the WASHCO members must be women, and at least one of them should hold an executive post e.g., chairperson, treasurer or secretary. To the extent possible, the same holds true for the PWD member in the WASHCO to hold an executive post.

Whom to elect?

The election meetings must be announced indicating that the participation of water users i.e. mainly the women should be promoted. Traditionally, mainly the men are participating in decision-making meetings. If more men attend, mainly the men will be elected. Due attention has to be given for the inclusion of PWDs to elect and be elected as WASHCO members. Special care needs to be taken to explicitly announce that it is desirable that those actively collecting water and thus using the source are participating in both the election and the committee. If a committee comprises only of men who never go to the source, they are not likely to discover anything wrong with it and take early action.

Another risk is that unless people are specifically sensitized to the need for having actual users in the committees, very often the existing local leaders are appointed, although they may not have the time to participate fully. A local spread of responsibilities will increase democracy and strengthen capacity and responsibility. **It is important that the duties of the WASHCO members are carefully explained before the election**. This is the best way to avoid dormant or dying committees. Members who drop out also need to be promptly replaced. The committee should if possible be representative of all users. Therefore, the community should select representatives, who:

- have different education and able to read and write
- are of different ages
- are users of the water point
- are willing and interested
- have good reputation and are respected by other community members
- are longtime residents in the area and unlikely to leave
- when possible, has to have at least one member with disability

Annex 5

Roles and Responsibilities of the Different Stakeholders in COWASH at the Federal, Region, Zone, Woreda & Community Levels.

FEDERAL LEVEL

COWASH Federal Technical Assistance Team (FTAT)

o Produce a disability inclusion guideline for COWASH stakeholders at all levels;
o Train regional stakeholders in disability inclusion and produce training materials;
o Provide technical support to the regional disability focal points;
o Build the capacity of the regional DPOs and selected persons with disabilities to serve as resource persons for regions, zones and woredas;
o Provide guidelines for planning, budgeting, monitoring and reporting of disability inclusion in COWASH target areas;
o Compile plans, budgets, and reports of disability inclusion in COWASH target areas;
o Conduct baseline and end line assessments which incorporates disability issues;
o Coordinate and collaborate with MoLSA and other development partners;
o Work closely with the gender equity and disability inclusion taskforce led by the NWCO;
o Share the experience gained in COWASH with DPs and sector ministries;
o Update and upload COWASH disability inclusion materials on CMP website and share information on different channels;
o Establish and update links to Finnish DPOs and Disability Partnership Finland in order to share the experiences in inclusive WASH.

NWCO;

O Provide guidelines for planning, budgeting, monitoring and reporting of disability inclusion to WASH sector partners;
o Compile plans, budgets, and reports of disability inclusion;
o Conduct baseline and end line assessments which incorporates disability issues.

Sector ministries (water, health, education)

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

MoLSA

o Provide technical expertise for COWASH disability inclusion development on request;
o Provide information on the implementation & performance of the National Plan of Action.

DPOs

o Provide technical expertise for COWASH disability inclusion development on request;
o Provide information to COWASH on existing DPO resources at region, zone and woreda levels;

o Share the experience gained in disability inclusion in Ethiopia.

- **WASH Development Partners and NGOs**

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

- **National WASH Coordination Office (NWCO)**

o Coordinate and develop the disability inclusion in WASH sector with DPs and DPOs;
o Provide guidelines for planning, budgeting, monitoring and reporting of disability inclusion to WASH sector partners;
o Compile plans, budgets, and reports of disability inclusion;
o Conduct baseline and end line assessments which incorporates disability issues;
o Establish the link and collaboration between MoLSA and WASH sector partners;
o Initiate and develop disability inclusion strategy and guideline and action plan for the One WASH National Program.

REGIONAL LEVEL

- **COWASH RSUs and disability focal points**

o Play leading role in COWASH disability inclusion;
o Plan, budget, monitor and report COWASH disability inclusion;
o Train zone and woreda experts in disability inclusion;
o Use whenever possible regional DPO resources in capacity building;
o Collaborate and cooperate with BoLSA;
o Keep close link with regional WASH coordination office in WASH sector disability inclusion development;
o In Tigray, Oromia and Sidama 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)**

o Plan, budget, monitor and report COWASH disability inclusion;
o Provide technical expertise for COWASH disability inclusion according to the annual plan;
o Participate in the disability inclusion trainings as requested by COWASH;
o Include disability in all COWASH activities implemented by the Bureau.

- **BoLSA**

o Participate in disability inclusion trainings when organised by COWASH;
o Provide technical expertise for COWASH RSU disability inclusion on request;
o Inform and advice COWASH RSU in linking regional DPOs with COWASH.

- **DPOs**

o Selected DPO personnel participate in disability inclusion ToT organised 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.

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 and Oromia);
- 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.

- **ZoLSA**

- Provide information on existing local DPOs in the zones and woredas;
- Participate in disability inclusion trainings when organized by COWASH;
- Provide technical expertise for COWASH zones in disability inclusion.

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.

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.

COMMUNITY LEVEL

Kebele WASH Team (Kebele manager, HEWs, DAs, Water technicians, elders, community leaders, teachers youth, volunteers)

- 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;
- Mobilize the community members to make the path that leads to the WASH facilities smooth/even to Supervise and advice the communities on the participation and contribution of the persons with disabilities;
- 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 Centers, 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 center/ post catchment area;
- Ensure that the constructed WASH facilities of the health centers/ posts follow the inclusive designs;

o Ensure that the WASH facilities of the health centers/ posts are kept in a clean and hygienic condition so that they are usable for all.

- **Women Development Army/ *Limat Budin***

o Advice families with members with disabilities on availability of assistive devices and solutions at household level on water, hygiene and environmental health;
o Distribute available inclusive WASH promotion materials for the families;
o Provide information on the persons with disabilities to the HEW.

- **WASHCOs, PTAs and health management committees**

o Encourage persons with disabilities being elected as members of the committees;
o 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.
o Ensure that the constructed WASH facilities follow the inclusive designs;
o 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);
o 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 organizations**

o Aware the community members on the positive understanding of disability instead of it being seen as a curse, a burden and shameful;
o Promote benefits of hygiene and sanitation for all to their members;
o Construct accessible latrines in the places of worship to serve as examples to the community.

- **Other local community-based organizations (Edir, youth and women's associations etc.)**

o Encourage a positive understanding of disability in the community and their members;
o Mobilize their members to improve WASH service accessibility in the community.

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