Water and Sanitation for the Marginalized and Excluded: The case of People with Disabilities (PWDs) in Ethiopia
Disability facts in Ethiopia

Could be about 8 million (according to the WHO estimate which says 15% the population in developing countries are PWDs); (The national statistics mentioned 1.9% Which is considered to be an underestimate)

PWDs are among the excluded (economy, politics, social, cultural);

Among the poorest in the community.
Why to focus on disability in WASH

- 15% of the population is considered to have some kind of impairment.
- Have access barriers due to environmental, physical, attitudinal and institutional factors.
- Open defecation is more dangerous and tiresome.
- Vulnerable to additional health risks.
- WASH played role on prevention of disability.
- Lack of disability friendly latrines at the school discourage attendance.
- Crucial to fulfil WaterAid's vision.

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Goal and Objective of the study

I. Goal of the study

To strengthen WaterAid’s Equity and Inclusion approach in WASH programming through the introduction of a disability perspective.

II. Objective

To investigate WASH constraints faced by PWDs
To see coping mechanisms adopted by them
To recommend possible solutions
III. Methodology

Qualitative research including:

- In-depth interview and FGD with PWDs, care-givers and others; and interviews with relevant organisations.

Research site

SNNPR, Gurage zone, Butajira and two surrounding rural areas
IV. Sampling of respondents

Two types of samples:

- Purposive sample (PWDs and their care givers)
- Control sample (not disabled)
I. PWDs have increased need for water and sanitation

**Water:** PWDs need *more water for washing and bathing* due to their impairments. They are exposed to dirt due to:

- Frequent falling,
- Crawling,
- Sweating
- Using latrines (supporting on hands)
**Latrine:** PWDs need latrine more because

- Open defecation is tiring and dangerous
- Has risk of falling
- Lacks privacy if close to home
- Expose to dirt and wild animals (hyena) if far from home
II. PWDS face restricted access in water and Sanitation due to in appropriate designs and physical limitations

**WATER:**

1/3 of the respondents get their sources from rivers and 2/3 of them from water tap but they do not have access to both due to

**Physical limitations:**

- Sources (like rivers) are located far
- Hands are busy with mobility instruments
- cannot carry water

**Inappropriate design: WATER**

- Tap have high plate forms (stairs) for people who squat and with wheelchairs
- Taps have high stairs
Inappropriate design

**Latrine:** About half of PWD respondents could not use the family latrine due to inappropriate design

- Most floors are wooden and slippery when wet
- Difficult to clean,
- Crunches get stuck in gaps,
- Some entrances and latrine foot steps are raised.
- Some latrines have narrow door narrow anterior space that do not accommodate wheel chairs
- Doesn’t have support structures
Inappropriate water and latrine designs

Raised entrance

Raised steps
Lack of coping mechanisms: Latrine and water points

- PWDs face lack of coping mechanisms in Water and sanitation access due to lack of technical know how
- Only few PWDs attempt to cope by changing the design of the latrine
Coping mechanism by one respondent

A small pit latrine built for a 10 years old boy ➔ Fetudine, a boy with one leg impairment
The main recommendations include:

- Participation of special needs groups in programming and influencing work;
- Incorporating inclusive design in communal and institutional WASH
- Links between disability organizations and WASH sectors
- Education/campaign to address misguided beliefs and attitudes relating to disability
What has been done after the research?
1. Incorporating inclusive design facilities at communal and institutions WASH projects
What has been done so far

- working with media to initiate public debate and awareness on the issue
- Standardization of Water, sanitation and Hygiene facilities is under way
- Working with marginalised groups at community/project level.
- Partnership with other specialized organizations to learn from their deep experience (e.g. with Cheshire, Handicap International and ECDD)
- Internal policies and systems revised to reflect issues of disability (HR manual, PMER system, influencing strategy)
- Attempted made to make the office accessible
- Develop global equity and inclusion framework
The End

Thank you!!