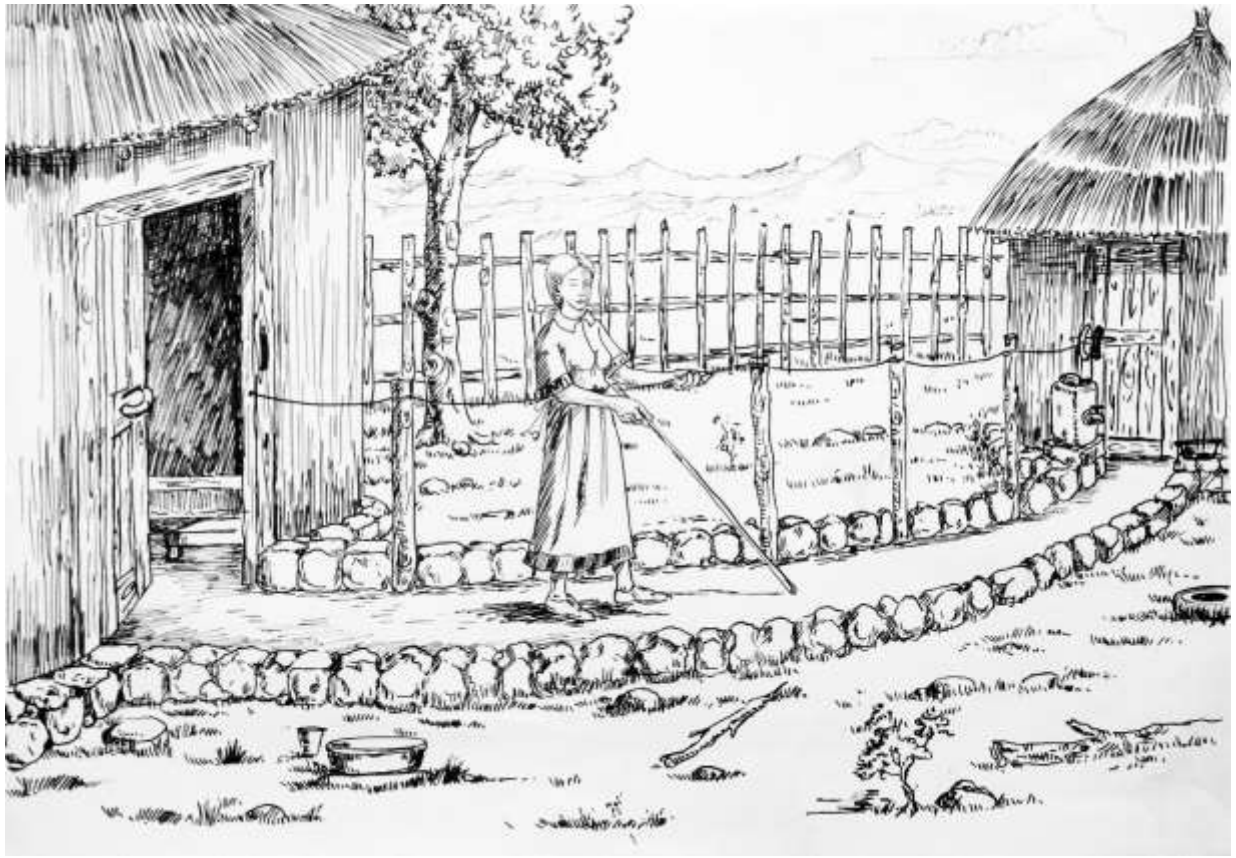
Inclusive WASH for all in rural communities in Ethiopia



Community-Led Accelerated WASH (COWASH)

March 2018

Contents

All the pictures in this guidebook have been drawn by Ato Tesfaye Menkir, an artist with a hearing impairment based in Addis Ababa, Ethiopia.

1. INCLUSIVE AND ACCESSIBLE WATER, SANITATION AND HYGIENE FOR ALL

This guidebook is meant for WASH sector actors at the Kebele and community levels to ensure water, sanitation and hygiene facilities and their planning and management are made inclusive and accessible for all. This includes the Kebele WASH team; school management; health facilities and health extension workers; Women Development Army; WASHCOs, Parent Teacher Associations and Health Management Committees; community-based organisations; faith-based organisations and religious leaders; as well as organisations of persons with disabilities. This guidebook has been written to raise awareness about the rights and needs of persons with disabilities and provide practical information on how to improve inclusion and access to WASH for all.

The focus of this guidebook is on persons with disabilities, as they are found in every community but often face a lot of difficulties in accessing safe water and sanitation. However, making water, sanitation and hygiene facilities more accessible **benefits everyone in the community**, including children, pregnant women, persons with disabilities, people who are ill or the elderly - those who may find it difficult to walk long distances, to grip and/or to squat. Having access to safe drinking water and sanitation services, and having the participation and contribution of all community members recognised, is central to living a life of dignity and a basic right of all people.

Accessibility means being able to choose to enter, approach or make use of a facility. Accessibility is necessary for inclusion. Accessible facilities are not special facilities for persons with disabilities, but facilities that everyone in the community can use.

Inclusive development aims for a society in which all people are equally included and have the opportunity to participate and contribute. Therefore inclusion is not only about accessible facilities, it is also about participation of all in the planning, management and maintenance of WASH facilities to ensure everyone's voice is heard. It is essential for persons with disabilities to be able to access WASH facilities in an equal way and to participate in the planning, management and maintenance of these facilities to be included in the community.

2. WHAT IS DISABILITY?

Two key terms to understanding disability are **impairment** and **disability**. There is an important distinction between them. **An impairment** refers to **problems in body function or structure.** This can be as a result of a chronic health condition (e.g. diabetes), malnutrition, illness (e.g. polio or malaria) or injury (e.g. accidents in the home, traffic accidents, violent conflict, landmines). The impairment can be present before birth or acquired during birth or later in life.

There are different kinds of impairments that can limit the functioning of the person in his or her daily life:

Physical impairment means a difficulty in movement and mobility. This can be for example difficulty moving around the house, walking long distances or climbing steps; body movements like reaching or kneeling down; and using hands for gripping or using fingers.

Visual impairment includes persons who are blind or persons with low vision (in one or both eyes). Having low vision can mean for example that the person cannot recognise a familiar person until they come very close or recognise an object at an arm's length; or that they can only see shapes or light and shadows.

Hearing impairment includes persons who are deaf as well as people with significant hearing loss (in one or both ears). This can be for example difficulties hearing someone talking on the other side of a room in a normal voice. Depending on their situation, persons with hearing impairments may communicate with spoken or sign language.

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

Intellectual impairment includes persons with limited ability to understand new or difficult information and to learn and apply new skills. This may impact their skills in language and memory; their social skills; or their personal care and responsibilities.

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

Persons with disabilities have long-term impairments that due to negative attitudes, environmental and technical barriers in the community limit and prevent their full and equal participation in society.

The World Health Organisation estimates that in Ethiopia 18 people out of 100 have some type of disability. Impairments are part of human diversity and can happen to anyone at any time. Persons with disabilities are a diverse group, with differences in gender, age, social and economic status, and ethnicity. Not all people with disabilities are equally disadvantaged: women with disabilities often experience the double disadvantage due to their sex and disability. Similarly persons with more severe impairments often experience greater disadvantage. However, family and community supports, education, wealth and income can help overcome activity limitations and participation restrictions.

When measuring disability the focus should be on impairments and functional limitations rather than asking directly whether a person is disabled or not. Simply asking a person if they have a disability usually results in low disability prevalence rates due to shame and stigma attached to disability.

A person has a disability if they have one or more of the following health problems due to their impairments:

A lot of difficulties in 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

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 their 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 the home, going outside of the home, or walking long distances (1 km or more)

A lot of difficulties washing themselves fully or getting dressed by themselves

A lot of difficulties in remembering so that it severely affects their daily activities

e.g. Have difficulties to remember to do important day-to-day things, going to familiar places, or remembering names of familiar people

A lot of difficulties in understanding or talking (speech or sign language) with others

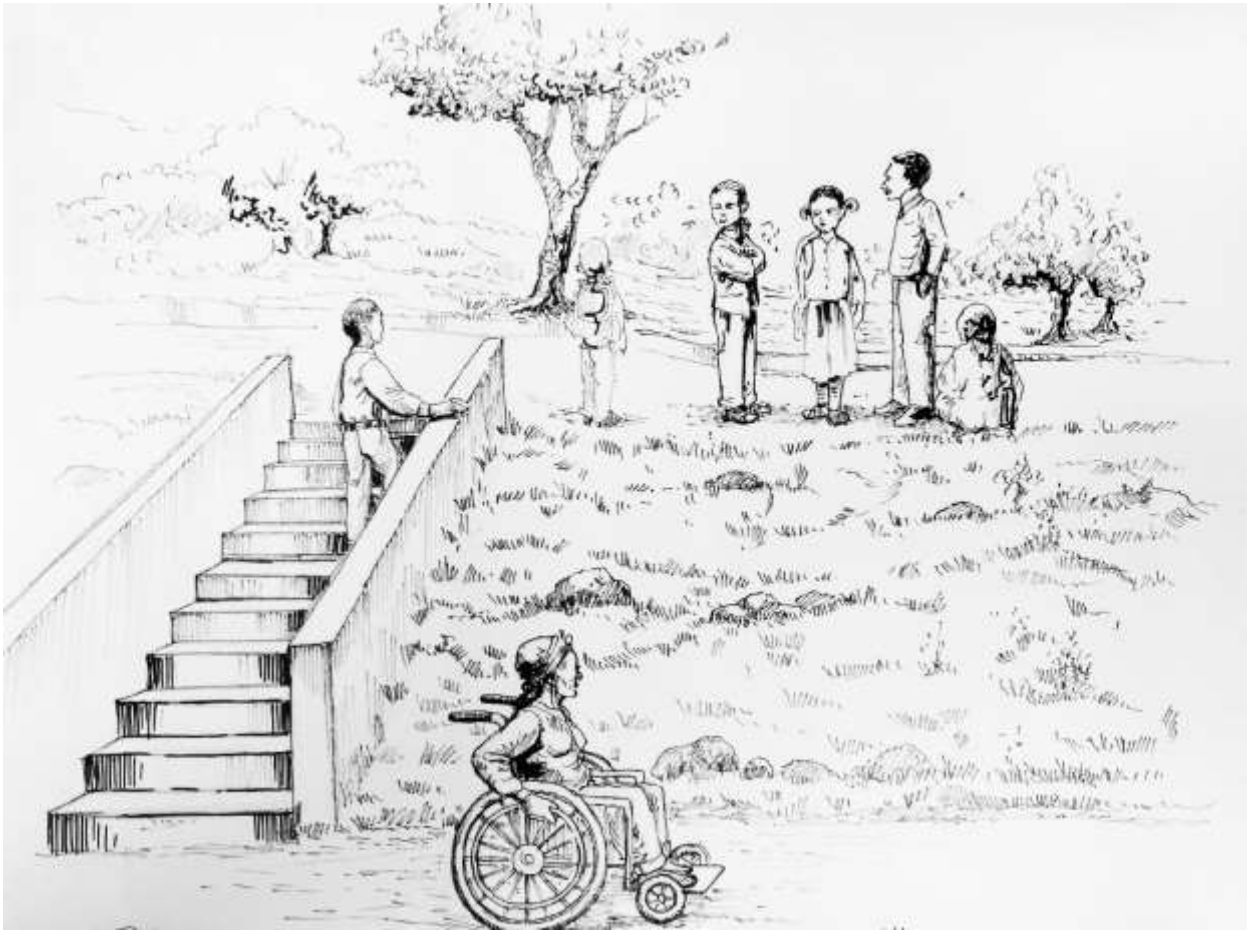
e.g. difficulties in generally understanding what other people say or others generally have difficulties understanding what they say

Need to use assistive devices

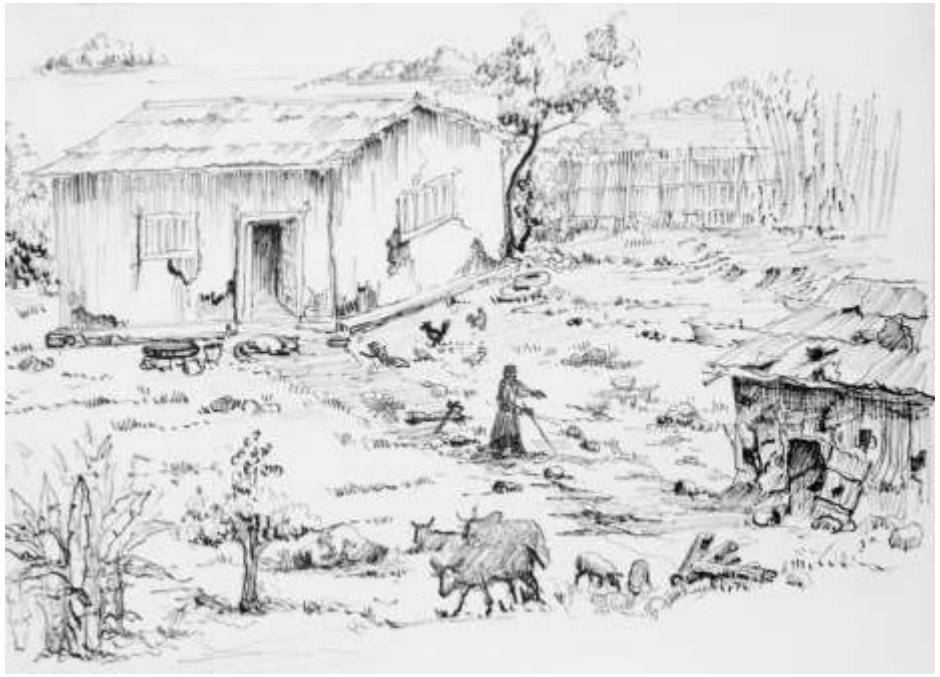
e.g. crutches, wheelchair, artificial limb, someone's assistance

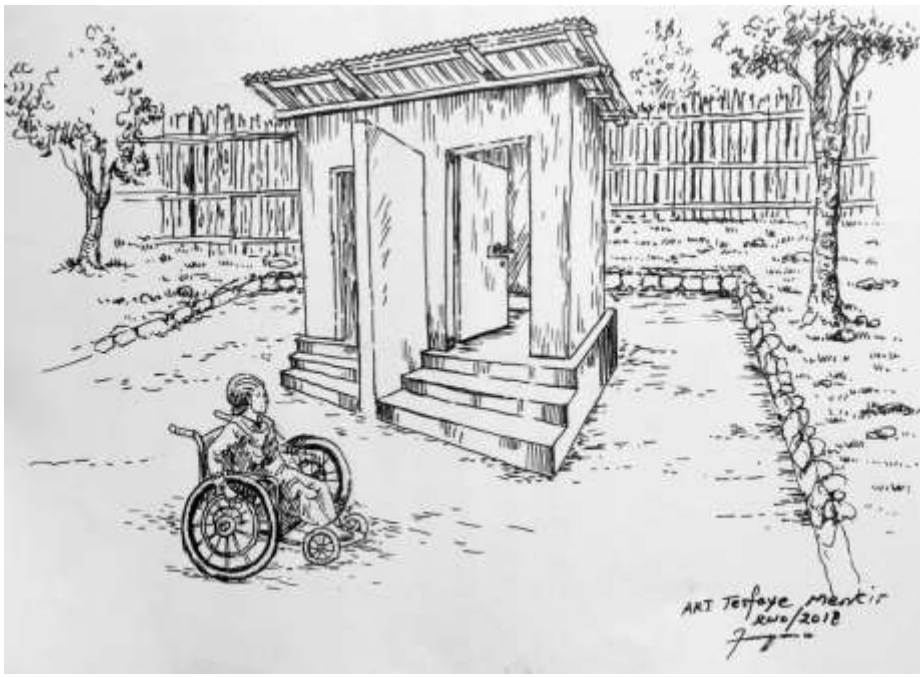
There are different types of **barriers** that exclude and prevent the participation of persons with disabilities from WASH initiatives. Most problems are caused by external factors such as **attitudinal, environmental and technical barriers**.

When a person with impairments faces barriers, this results in inability to participate and contribute, and therefore disability. When barriers in a person's community are removed, that person with impairments is able to participate on an equal basis with others.



Attitudinal barriers, prejudice and discrimination cause the biggest problems to persons with disabilities. In Ethiopia, disability is associated with shame, fear and/or pity, easily leading to isolation or overprotection. Disability is often also seen as a curse. In order to avoid discrimination, the family may keep the person with a disability hidden at home. Persons with disabilities may be prevented from sharing family or community facilities for fear that they will contaminate the water or soil of the facility for other users.





Natural barriers can include uneven, rough or steep paths on muddy and/or slippery ground. It often happens that pathways are completely inaccessible. For many, meeting venues and water sources are too far away or in places which are very difficult to reach and sanitation facilities non-existent, locked or so dirty that they cannot be used.

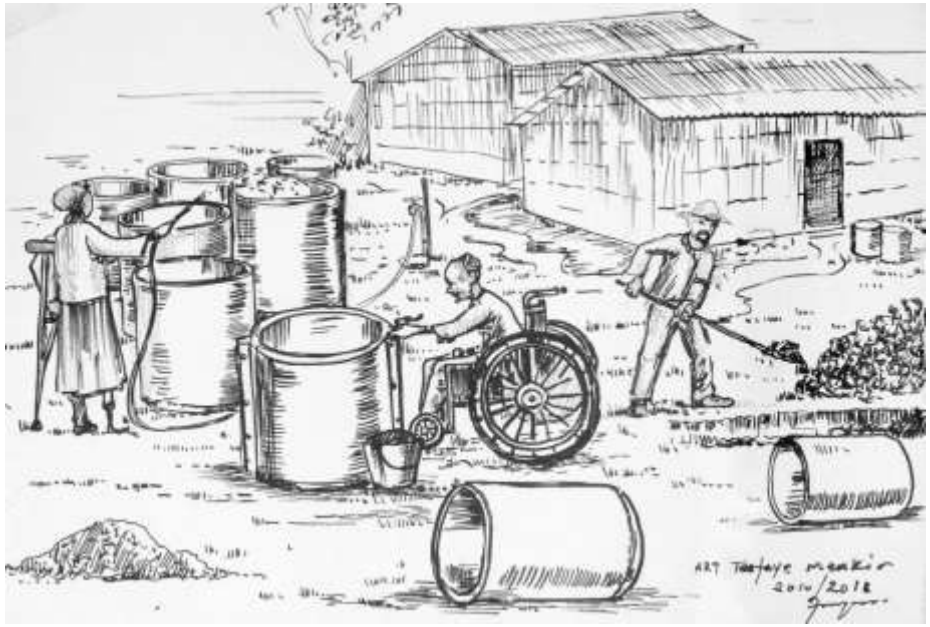
Technical barriers include high steps and concrete platforms, narrow entrances, lack of or too heavy doors, narrow cubicles, lack of light and handrails.

Many children with disabilities are excluded from schooling due to non-existent or inaccessible water and sanitation facilities. For example, barriers in schools' sanitary facilities can include a lack of toilets in general, uneven paths leading to toilets, absence of supporting aids, and limited space.

3. PARTICIPATION, CONTRIBUTION AND INCLUSION OF ALL IN WASH PLANNING, MANAGEMENT, AND OPERATION & MAINTENANCE

Persons with disabilities are community members with equal rights to be included in and benefit from development initiatives – including access to water and sanitation, schooling, health services etc. They should be recognised and accepted as full and equal members of society who have important contributions to make to their families and communities. This is their right given to them in the Ethiopian constitution and many national and international treaties. Persons with disabilities should not be seen as objects of charity, needing a cure or protection, nor victims of their impairment.

Persons with disabilities have to be part of all WASH promotion, planning, management, and operation and maintenance meetings and activities.



At least one member of the WASHCO and CLTSH committee should be a person with some type of disability.

Persons with disabilities can also contribute in the same way as other community members. This can be for example by giving money, being part of the construction (e.g. carry materials, assist the contractors in different ways etc.), keeping records, guarding, providing accommodation or food for the contractors etc.

Persons with disabilities also can be part of the WASH management by being a secretary, caretaker, guard, cashier, WASHCO member, or doing the tariff collection. In the tariff set up, the persons with disabilities should in principle not be exempted. The tariff setting should be done according to the wealth and economic status of the household.

The ODF verification team should also involve persons with disabilities to ensure accessibility and their participation. The team should make sure that community members with disabilities also have access to sanitation and hygiene.

Micro and Small Enterprises (MSEs) are established at the woreda level to improve the access to safe and improved water supply, sanitation and hygiene. These MSEs are working for example on **Sanitation Marketing, Spare parts supply and/or Operation and Maintenance of WASH facilities**.

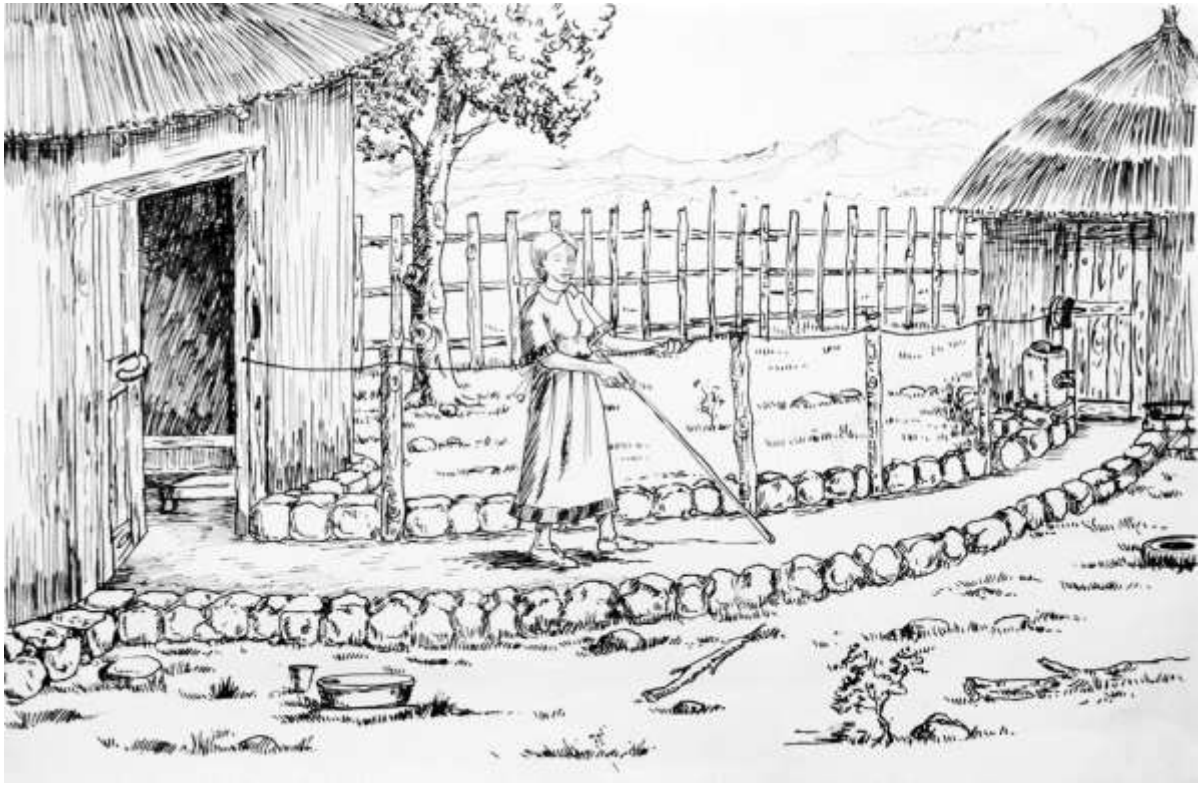
Persons with disabilities should be members of these MSEs established to ensure also their empowerment and sharing the economic opportunities among all community members. Persons with disabilities are often more economically disadvantaged. Furthermore, creating employment opportunities for persons with disabilities is important so that they can serve as positive role models and full members of the community.

Each MSE should have at least one member with a disability, preferably a woman with a disability, and they should take equally part in business planning, production, and selling.

Sanitation Marketing MSEs can also promote, produce and install products that improve the accessibility of household or institutional toilets, such as toilet seats or handrails. In this way these MSEs can play a key role in reaching for example ODF status in the kebele and woreda, as school, health institution, and public and household latrines must be accessible for all to stop open defecation.

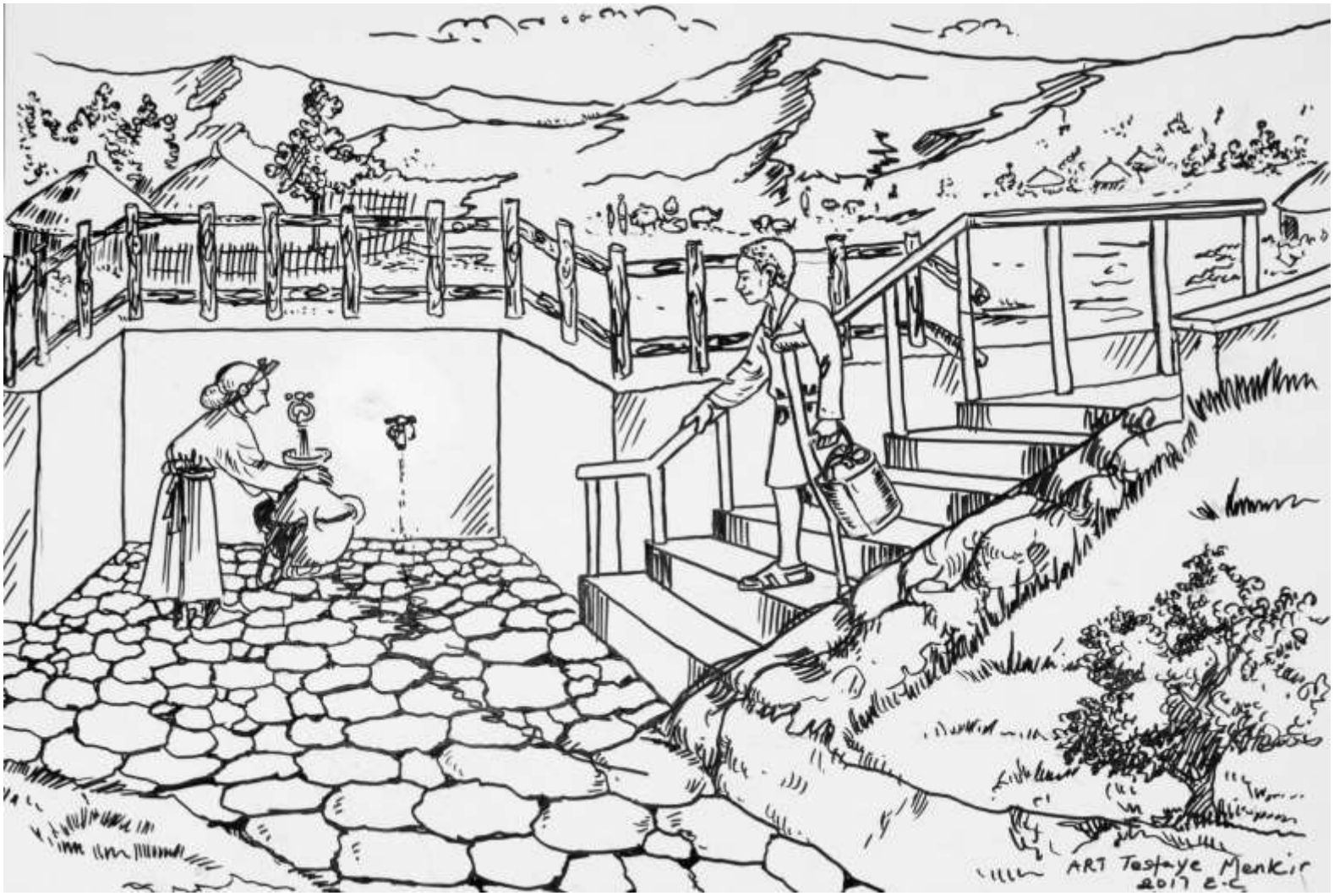
4. INCLUSIVE SOLUTIONS FOR COMMUNITY LEVEL WATER, HYGIENE AND SANITATION

Technical specifications are not always given in this section, as dimensions should be based on users' needs. The aim is to provide as much independent access as possible, meaning a person can use WASH facilities without help or with minimum help.



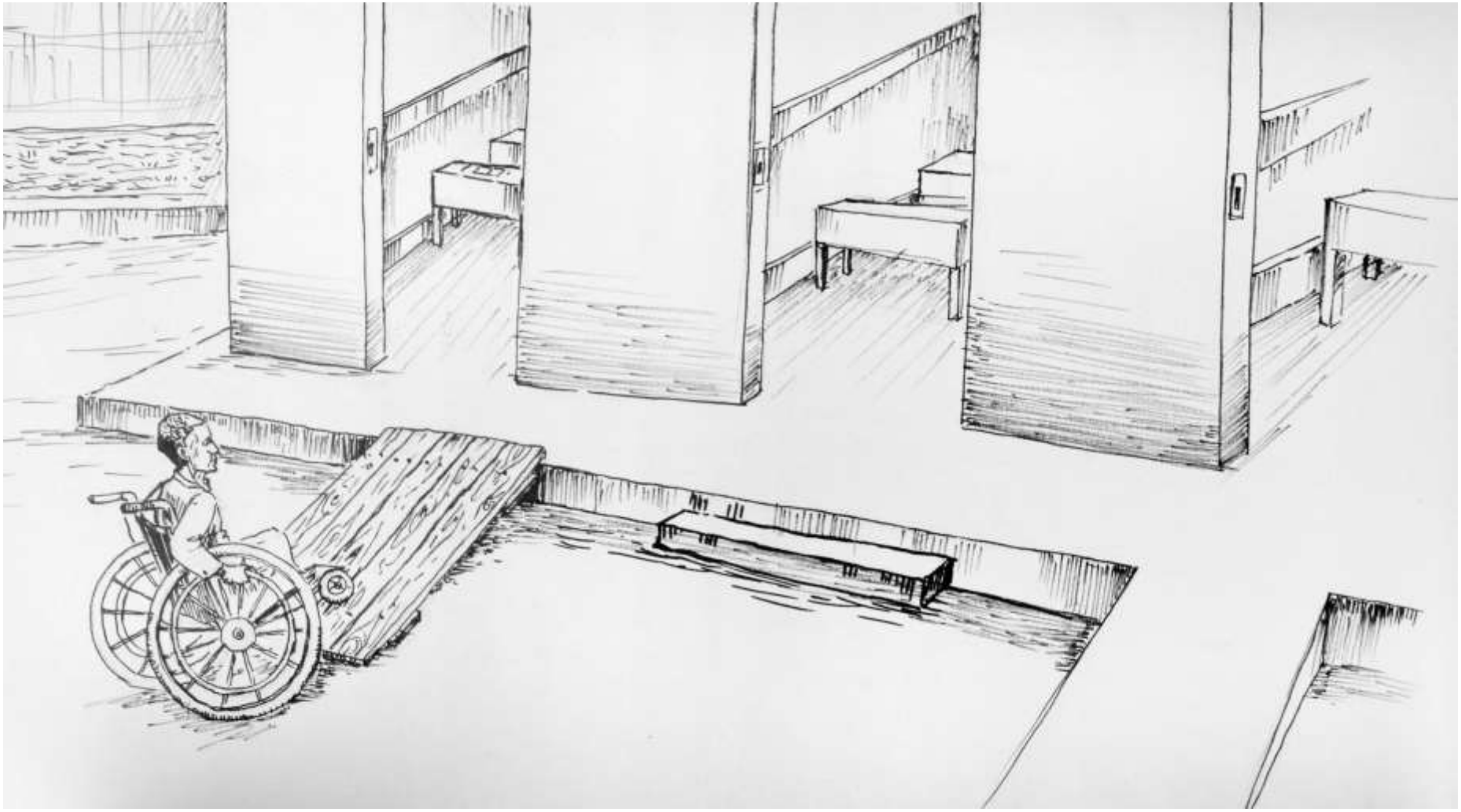
Reaching facilities: Everyone in the household and the community should be able to reach the WASH facility. Household sanitation and community water supply should be as close as possible to the user. Ideally household sanitation should not be further than 15m from the house.

Paths: The path to the toilet should be smooth but not slippery (e.g. gravel). Grass and plants obstructing the way should be cut, holes should be covered and big stones removed. The path should be at least 90 cm wide. Marking the sides of the path with stones or white paint, and attaching a guide rope is useful for the visually impaired. Stones or a rope are useful to guide the person to the destination. White paint can assist those with limited vision as the contrast in colour makes it easier for the person to distinguish the way.



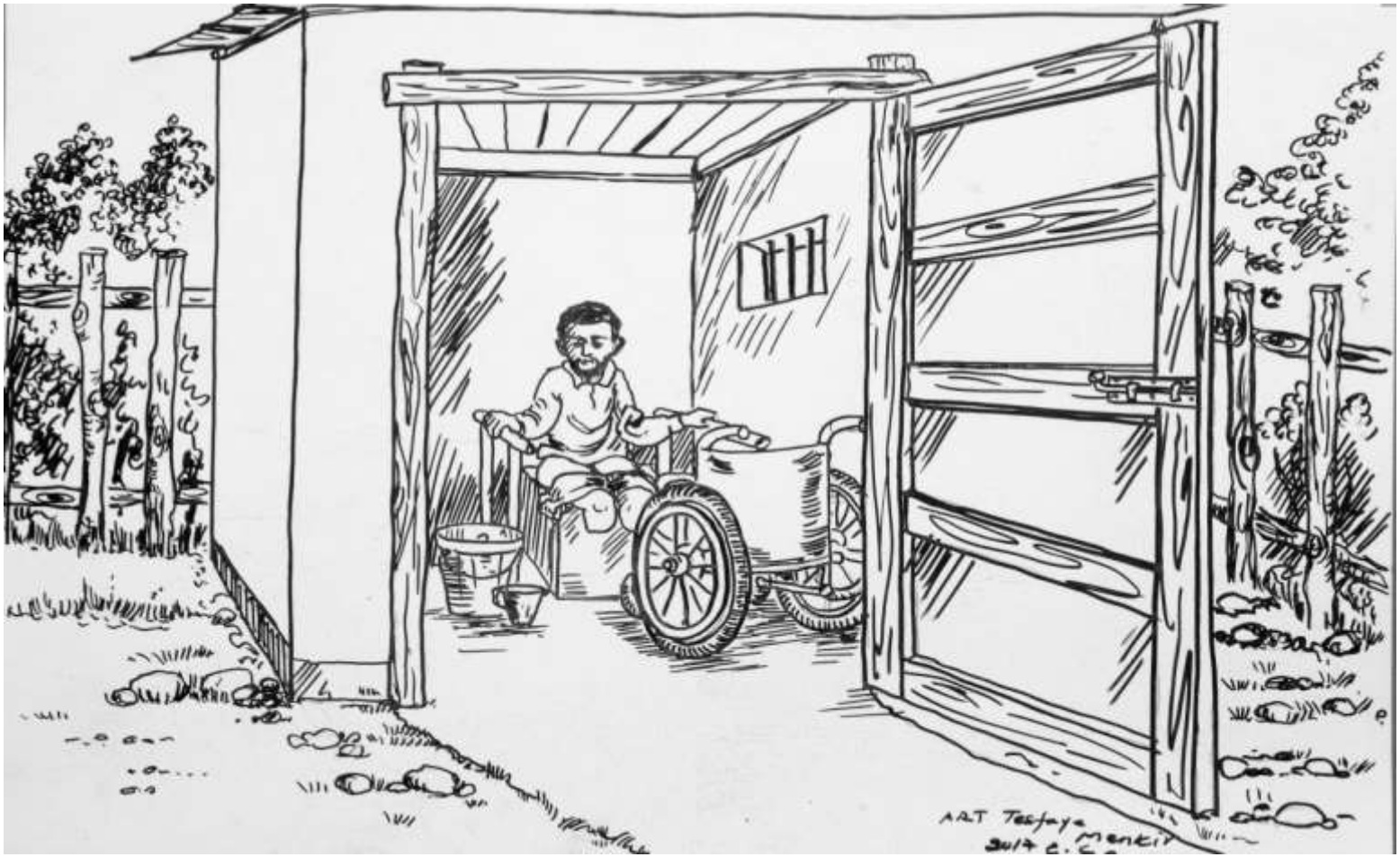
Steps: Where steps are needed for access, in steep terrain or when space is limited, they should be shallow and wide, and even so that all steps are the same height and depth. Depth of the step should be more than 30 cm and the height of each step no more than 16 cm.

Handrails can be added to assist balance at 70-90 cm height. Many users can manage low and even steps, especially when a handrail is provided.



Ramps are useful for not only persons who are using a wheelchair but also those using crunches, with mobility problems or with visual impairments. If there is space and need, a ramp to the facility can be constructed, preferably with handrails. Ramps should not be made too steep. This means that for a 10cm rise the ramp should be 1m long. A level platform or 'landing' with a minimal length of 100cm-120cm needed in front of the facility. It is important that the ramp is not slippery, even if it gets wet.

The ramp can be made of any sturdy locally available materials, such as wood, bamboo, stones or cement. It can be **moveable or fixed**.



Entrances and doors: It is important to have a door in the toilet to ensure privacy, but the door and entrance should be wide (minimum 90 cm) and level (minimal or no difference between outside and inside). The door should be easy to open and close and can be made of locally available materials, cloth, wood or metal. The door should open to the outside. If the door opens inside it cannot be closed anymore when the wheelchair is inside.

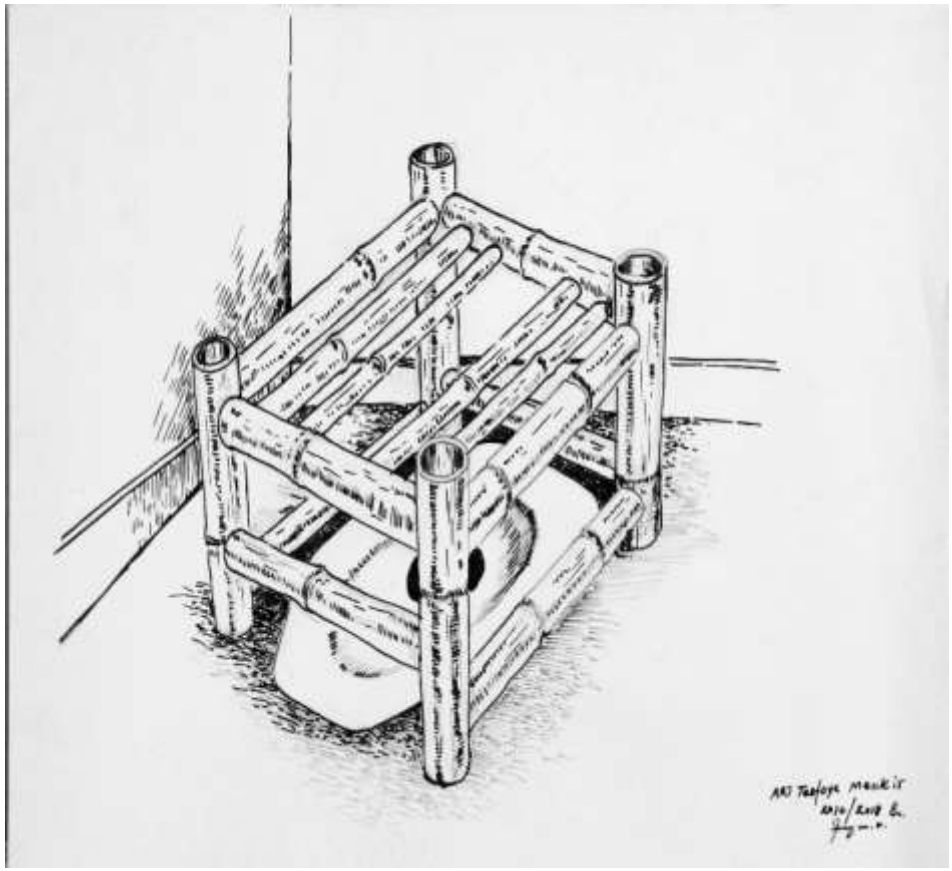
Floors: in the toilet should have smooth (but not slippery) and easy to clean surfaces, especially for those people with impairments who have to crawl due to lack of assistive devices. Therefore it is important that every toilet user leaves the toilet clean after using it.

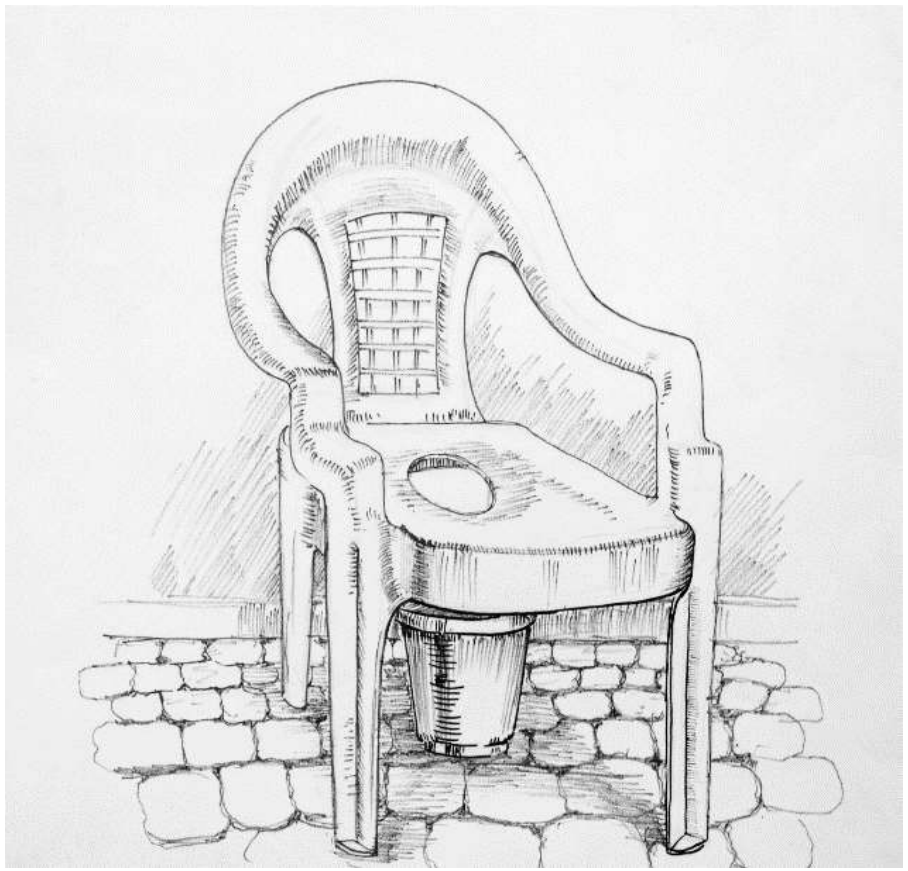
Light: good lighting is particularly important for persons with poor eyesight. Simple solar or grid light should be installed into the toilet.

Interior: strong handrails (metal, wood or bamboo) can be attached to the floor or to the walls next to the toilet seat at 70-90 cm height to provide support and balance to reach the seat or squat. The position (in front or on the sides) can be assessed depending on the user's need. For visually impaired persons **tactile signs** can be important to find their way inside the toilet (e.g. mark on the wall signalling the location of the pit/ seat or a mark on the floor).

Door handles and closing mechanisms: ensure privacy and safety in toilets for all, especially women and girls. Low-cost options include a wooden handle, typically placed at 90-120 cm above the floor. The door should fully open to the outside and have grab bars outside and inside to allow easy opening and closing from a wheelchair or by people with reduced strength or using crutches.

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





Toilet seats: Are suitable for people who have difficulty squatting, including pregnant women, older people and persons with disabilities. The seat can be fixed or movable, in case others in the household prefer a squatting position.

For rural households a moveable seat that can be made out of many locally available materials (wood, bamboo, plastic) is a good, cheap and easy option. To make the seat easier to clean and more durable the seat can be painted or varnished.

The seat can be placed into the household toilet on top of the slab pit hole, or it can be used even in the household with a bucket placed underneath it. The latter solution does not give much privacy to the user, but might be useful for those with very limited mobility.

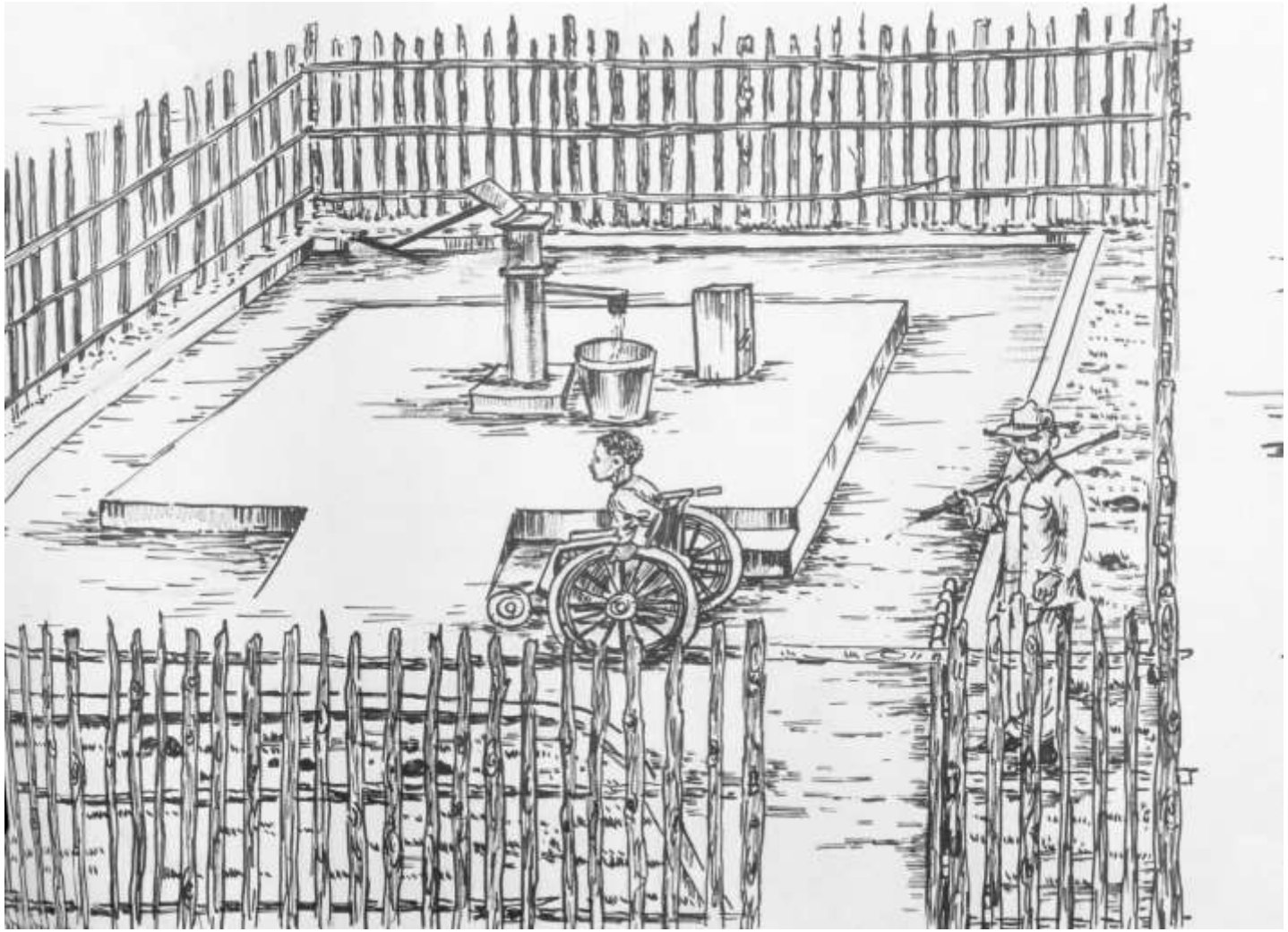
A splashguard can be added in front of the seat made for example of old plastic bottles to reduce splashing or soiling. The plastic bottles can be cut open and tied to the front legs of the seat to cover the front of the chair.

Hand washing: There should be hand washing facilities or taps at different heights between 50cm-90cm (depending on the needs of the household members) with water and soap available in the household compound/ near to the sanitation facility. Small jerry cans or plastic bottles are low cost options that can be useful for persons with limited strength or using only one hand. To prevent the ground becoming muddy and slippery around the handwashing area, gravel or a bucket to catch the water can be placed under.

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

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

Cleanliness: all WASH facilities should be kept as clean as possible. This is important for those with physical or visual impairments who need to touch the surfaces more than others.



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

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

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

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

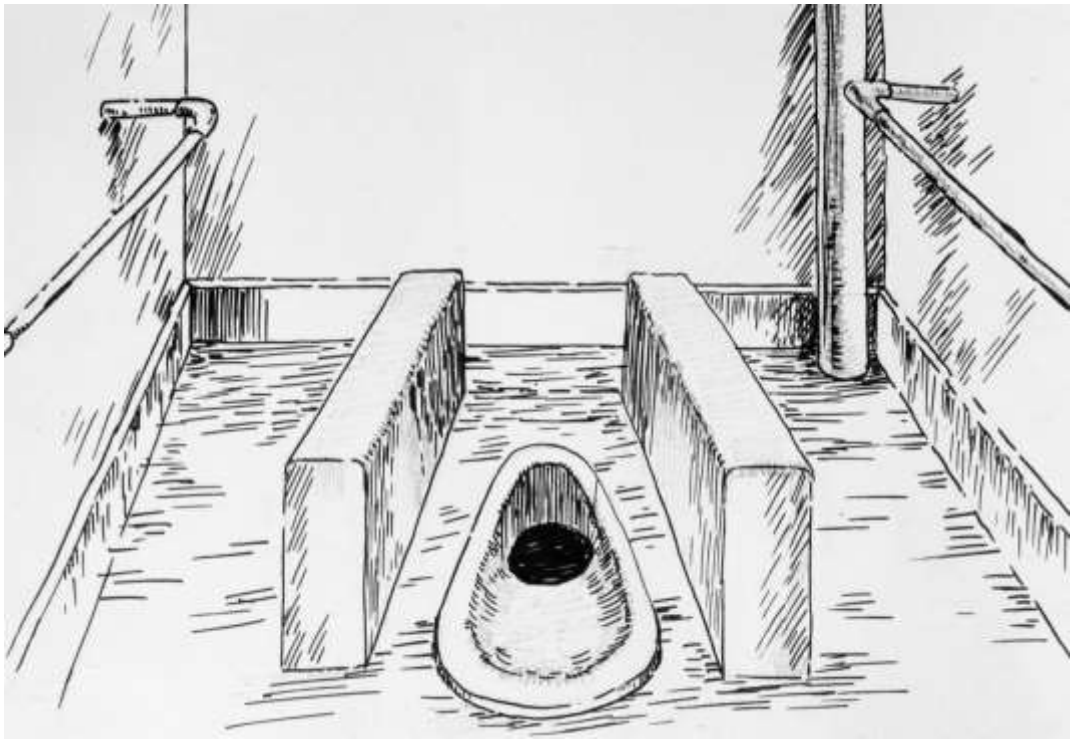
If there are people who cannot reach the water point and the access road to the water point cannot be made due to the topography or landscape, an option to bring the water from the water point to their home should be assessed. The technical options to bring water home are: pipeline from the source to the household, installing a small pump into the well (solar or electric) to pump the water to the household, roof water harvesting, household well, and household water treatment system e.g. filters, chemicals etc.

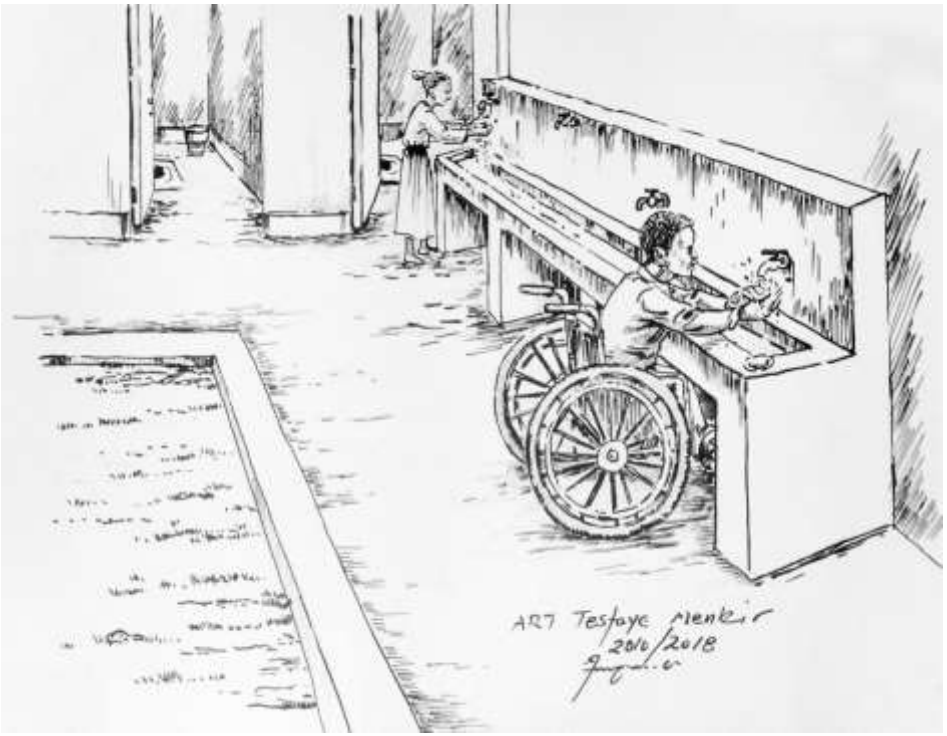
5. INCLUSIVE WASH IN SCHOOLS

All WASH facilities in schools should be made accessible for all children and school staff. It is a basic need for all, prevents disease and improves learning. If there are no accessible facilities, girls and boys with disabilities tend to avoid eating or drinking all day as they are unable to access functional toilets. This leads to health problems and eventually serves as a reason to drop out of school. Schools should also serve as models in WASH in the community.

The water supply facility should be in the school compound or not more than 100m away from the compound with smooth and clear path. The facility or the distribution point should be made accessible for all. Taps should be placed at different heights (50 and 70 cm), close to the classrooms and the area near the taps must be made flat and ensure that it does not get muddy or slippery.

The school **latrines** should be within the school compound and not more than 30m from the class rooms. The path to the latrine should be smooth and easy to use also by the persons with disabilities. In each school, there should be at least one cubicle for boys, girls, and female and male staff that is accessible for all. This includes **level or ramped access, wide door (90 cm) and sufficient space inside (1.5 m x 2 m) for a wheelchair user or helper to move around, and with support structures such as handrails and a raised toilet seat. The door of the facility should open outwards.** The latrines should always be clean, odour free and open at all times of the school day.





Hand washing facilities should be accessible for all children and staff. They should be located near to the latrines, faucets should be reachable by all and it should be ensure the ground under the facility does not get muddy or slippery.

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

School **WASH clubs** should also have members with disabilities, and the club should discuss and promote the importance of accessible facilities and inclusion.

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

6. INCLUSIVE WASH IN HEALTH FACILITIES

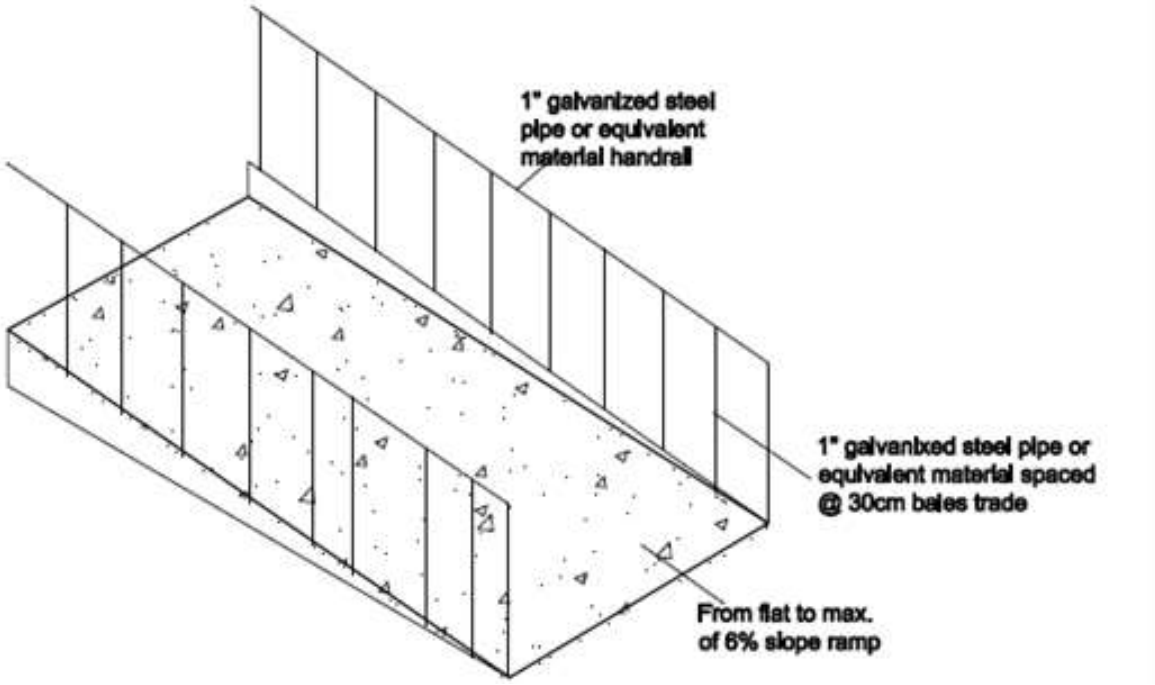
The WASH facilities in health institutions need to be made accessible for persons with disabilities, pregnant women and women who have recently given birth, elderly people and those who are weakened by illness. It is a basic need for all, prevents disease, and health institutions should also serve as models in WASH in the community. Many of the same accessibility principles that apply to schools and households (described above) can also be applied in health facilities.

The WASH facilities in health institutions need to be made accessible for persons with disabilities, pregnant women and women who have recently given birth, elderly people and those who are weakened by illness. The **path** to the latrine and water point should be made **smooth** and **obstacles cleared**.

The latrine should **not be too far away** from the health centre/ health post block (but more than 6 metres) so that patients do not need to travel long distances to the latrine. This also benefits people with disabilities.

One of the cubicles in the toilet block for both men and women should be made accessible. The **cubicle should be bigger**, with a **wide 1 metre door that opens outwards**, have a **level entrance or a ramp** (width 130 cm, maximum slope of 6%) **with handrails** made of steel pipes for support on the sides. Inside the cubicle a **raised seat with metal handrails** should be built to ensure usability. The **handwashing** facilities next to the toilets should also be made accessible for all. Faucets should be reachable by all and it should be ensure the ground under the facility does not get muddy or slippery.

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


1" galvanized steel
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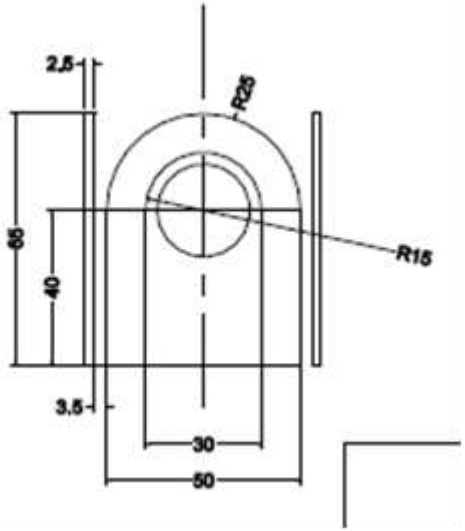
SEAT FOR PEOPLE
LIVING WITH DISABILITIES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7. ROLES AND RESPONSIBILITIES

Kebele WASH Team (Kebele manager, HEWs, DAs, Water technicians, elders, community leaders, teachers, youth, volunteers, women and children affairs representatives, organisations of persons with disabilities)

- Ensure that disability is included appropriately in water, sanitation and hygiene promotion and reaches all community members;
- Enhance the community members/ Parent Teacher Association / health management committees understanding of disability;
- Make community members/ Parent Teacher Association aware that
  - persons with disabilities/ their family members should be included and given priority in WASHCO elections;
  - persons with disabilities should be 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;
- When planning new WASH facilities or rehabilitating old ones, ensure that the technical WASH facility solutions include the needs and requirements of the persons with disabilities;
- Supervise and advice the communities on the participation and contribution of the persons with disabilities;
- 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;
- Collect information on the children with disabilities in the school and if available in the school catchment area;
- Follow-up and facilitate the participation of children with disabilities in the school club trainings;
- Ensure that the constructed WASH facilities of the schools follow the inclusive designs;
- Ensure that the WASH facilities of the schools are kept in a clean and hygienic condition so that they are usable for all;
- Ensure that the school sanitation facilities include a menstrual hygiene management room also accessible for girls with disabilities.

Health centres, health posts, Health Management Committee and health extension workers, CBR (community based rehabilitation) workers

- Enhance Women Development Army members understanding on disability inclusion in WASH;
- Advice families with members with disabilities on availability of assistive devices and solutions at household level on water, hygiene and environmental health;
- Distribute available inclusive WASH promotion materials for the families and Women Development Army members;
- Collect information on the persons with disabilities in the health centre/ post catchment area;
- Ensure that the constructed WASH facilities of the health centres/ posts follow the inclusive designs;
- Ensure that the WASH facilities of the health centres/ posts are kept in a clean and hygienic condition so that they are usable for all.

Women Development Army/ *Limat Budin*

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

WASHCOs, PTAs and health management committees

- Encourage persons with disabilities being elected as members of the committees;
- Ensure that persons with disabilities have equal opportunities to participate in community meetings and partake in decision making with regards to the WASH facility:
  - Hold meetings in accessible places;
  - Ensure all members are invited;
  - Enable all members to voice their opinions and needs.
- Ensure that the constructed WASH facilities follow the inclusive designs;
- For those community members that are not able to reach the constructed community water point, the WASHCO has to ensure access to water through other means if technically and financially acceptable to the community (pipeline from the source to the household, roof water harvesting, household well, water treatment system e.g. filters, chemicals);
- Encourage those households with members with disabilities to construct or modify their latrine to be accessible for all, including those with disabilities and the elderly.

Faith-based organisations/ religious leaders

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

Other local community based organisations (edir, youth and women's associations etc.)

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

8. INCLUSION CHECKLIST

Technical inclusion

Getting to the toilet/ water point

Is the toilet facility/ water point close enough to the home/ institution? (Household toilet not more than 15m, institutional toilet not more than 30m)
Is the path leading to the toilet facility/ water point wide, firm, smooth, and clear of obstacles?
Is the path clearly marked (e.g. with stones, ropes, paint)?

Getting into the toilet/ water point

Is access easy and safe for all users (no high steps, hand rails in place, tactile signs to mark the location of the pit)?
Is there a ramp and support rails or level access? Is the ramp flat enough (maximum rise of 10 cm in 1 metre)?
Is the entrance to the toilet wide enough (at least 90 cm)?
Is the toilet door easy to open and close? Are there handles inside and outside of the door?
Does the fence of the water point block access to the ramp/ water point apron?

Usability

Is there privacy in the toilet?
Is there enough space inside the toilet/ on the water point apron for everyone to use the facility?
Is there a seating option available in the toilet?
Are there support rails in place in the toilet?
Is the floor material of the toilet/ water point non-slippery and easy to clean?
Are there taps at different heights at the spring protection?

Social inclusion

Have all community members, including those with disabilities, been invited to community WASH meetings?
Have meetings been organised in a place which is as much as possible accessible for all community members?
Have persons with disabilities been part of WASH planning, management, and operation and maintenance activities?
Are there persons with disabilities in the WASHCO?
Has the community identified persons with disabilities and have their needs been taken into account in WASH planning and implementation?
Have households with members with disabilities been given advice on how to make their toilet more accessible?
Are persons with disabilities able to benefit and contribute to the project in an equal way?
If there are any, have organisations or groups or persons with disabilities been involved and consulted?