Report

WaterAid

Different, and the same

Towards equal access, education and solidarity in WASH

A report calling for open discussion and action around the water, sanitation and hygiene needs and rights of special groups in Ethiopia.

A heavy burden to bear

Photo credit: WaterAid/Kate

Fetching water for a family is a daily burden for the vast majority of Ethiopians. Thanks to the continuing efforts of government and NGOs, national water coverage is now 52.5% (Ministry of Water Resources, 2007), bringing services closer to, but generally not directly into, people's homes. Nevertheless this leaves almost half the population struggling to access clean water. For rural people this may mean a dangerous climb down a gorge to a river, or a long walk to an unprotected seasonal spring.

This burden is heavier still if one is amongst the estimated 5 million people who have a physical disability (ILO, 2003), or if one is weakened by living with a chronic disease such as HIV/AIDS (Federal HIV/AIDS Prevention and Control Office, 2007 estimate country-wide prevalence at 2.1 million). Even with the best shared water facilities it may still be impossible to carry water on a wheelchair or simply to reach the taps.

For these vulnerable groups accessing sanitation can pose a daunting challenge that must be repeated throughout the day. For those who have to crawl, entering a poorly maintained latrine on hands and knees is a health risk as well as a humiliation. Those using crutches can find them caught between the slats in latrines with a wooden base. Meanwhile people who suffer frequent diarrhoea from their ill health can find themselves locked out from the latrine altogether due to other users' fears of infection.

Both those living with a motor disability and those living with HIV/AIDS suffer daily difficulties related to these most basic and essential needs: accessing water and being able to visit the latrine in safety and with dignity. The situation is compounded by the fact that while such individuals often need more water or frequent latrine visits to manage their situations, by contrast their access to water, sanitation and hygiene services (WASH) is more limited, either due to mobility problems or prejudice.

The invisible ones?

To what extent are these millions of people invisible, while in other ways they will always stand out? As well as the practical difficulties in relation to WASH services, individuals express feelings of isolation and rejection. For those with motor disabilities this is due to others' perception of them as useless and dependent. For those living with HIV/AIDS there are issues of social stigma and also extreme abuse.

Over the last two years WaterAid Ethiopia (WAE) has carried out several pieces of research that suggest people with disabilities and people living with HIV/AIDS have been largely invisible to those delivering WASH. The full findings of this research are documented in longer WAE reports (see back cover here for basic information on research objectives and sites, decision to focus on motor disability, WAE address to request reports, etc.). Readers of **Different, and the same**, are encouraged to read these for a more thorough understanding.

Here the aim is to bring some of the key points regarding needs, coping mechanisms, access constraints etc. to a wider audience and to present policy makers and practitioners with succinct findings and possible solutions. However the report tries to do something a bit different too. A pull-out English and Amharic double-sided poster (centre pages) aims to make a start at ending discrimination against those with special needs as regards their access to WASH facilities. The poster can be pinned on office, clinic and latrine walls and used as a community training tool. It draws on the research participants' emphasis on the way people's attitudes towards them can damage their lives, negating the skills they have, and denying their rights. The poster addresses some of the root causes behind these attitudes by (1) promoting the equal right of all to WASH facilities (2) providing facts to help dispel myths (3) encouraging open discussion of taboo issues (4) empowering us all to think *as a community* that can seek solutions to the challenges and fears any of us might have.
The report title highlights the importance of addressing different needs arising from circumstance, but underlines the fact that beyond this we are all the same, and equal.

Different, and the same: people with motor disabilities

Neglected needs

The background research work carried out by WAE and its partner, ZemaSef, showed that water and sanitation issues barely feature in the extensive international literature on disability. Closer to home it highlighted the fact that the WASH sector in Ethiopia has not identified people with disabilities as a vulnerable group and has thereby severely neglected their particular needs: above all in terms of accessible services but also in addressing the ignorance and prejudice of the wider community in relation to disabled people and WASH. Key points that came out of the research were that people with physical disabilities:

- **need more water** than other people for washing due to frequent falls, having to crawl on the ground or into latrines, sweating due to moving around by wheelchair or on crutches

- **find collecting water themselves very difficult** - because water sources are far, they often need their arms for mobility and so can not carry water, taps may be too high to reach

- **often do not have enough water for their needs** because they have to rely on care-givers collecting water for them

- **are greatly helped if they have a water tap installed at, or close to, their home** by government or NGOs – this brings water closer, reduces the burden on care-givers, increases independence, and improves health

- **particularly need latrines as open defecation is more tiring and dangerous for them** – disabled people are at more risk from falling, exposure to dirt and wild animals

- **need latrines that are appropriately designed** as most are impossible to use with wheelchairs or crutches. Wooden floors get slippery and have gaps crutches get stuck in, raised entrances are difficult to get onto, and having to crawl into overused and dirty latrines is a health hazard. Many individuals with latrine access end up using potties or open defecation

- **work hard to manage visiting the toilet alone** despite their difficulties, as needing assistance is humiliating. Some people have designed adaptations as coping mechanisms

The bigger picture

In debating WASH and disability issues, the researchers gained insights into other areas of life that are hard for people with physical disabilities. These include: lack of job opportunity, limited access to health and education facilities, low status in society (as people are seen as useless) which affects work, marriage options etc., and verbal abuse.

The research clarified the way in which attitudes to the disabled reflect cultural beliefs about the causes of disability. Disabled individuals themselves, or those around them, often attribute their disability to “devil spirits”, a curse on their parents due to bad behaviour etc., rather than to a disease (e.g. polio).

The negative impact on the all-important care-givers for the disabled was also identified, whereby child care-givers lost educational opportunities and adults could lose income or become ill through the additional work burden.

Finally the research gave further evidence of the links between disability and poverty. It showed that poverty can lead to disability (e.g. dangerous living conditions create a high incidence of accidents, there is a lack of early medical intervention following accidents or disease, etc.). And equally it showed that disability can increase poverty (lack of work opportunities, social exclusion etc.).

When designs fail the disabled

“I became disabled when I was five. Mobility is my greatest problem. I have to crawl everywhere since my wheelchair got broken. Dragging myself along the ground makes my clothes wear out quickly, and exposes me to all kinds of dirty and dangerous materials, like nails. I also inhale a lot of dust, which gives me respiratory problems. During the rainy season I get even dirtier every time I go anywhere. But my worst experience is with the toilet. I live at a church and use the school toilet next door. It is used by many students, so it is very dirty. I have to crawl into the dirty toilet and all the muck gets onto my clothes. I find it really difficult using the toilet because of the design. The latrine is raised above the floor level, so it is hard to get my legs in the right position. I use my hands to support my body. So you can see, I need a lot of water for bathing after using the toilet.” (Adanech, 18)

A complex debate

Clearly addressing the inter-related issues around disability as a whole is a complex process. If one starts to consider the practical modifications that might be made to accommodate all the different types of disability in WASH facilities this may look overwhelming. However the research suggested that simple low-cost design changes (such as a rope or handle in a latrine) can make a big difference to those with a range of physical conditions. One question then is should all new latrine designs include simple modifications as standard, which can be cheap to incorporate at the outset (but more costly to add later)? After all these can help other users too, including older people, children, and pregnant women. Water-related modifications need not cost more to build either (e.g. lowered taps) but simply require a shift in design thinking. However, considering cement-floored latrines (which all respondents found easier and safer to use) opens up a number of issues. While cement is easier to keep clean for everyone, it is more costly and may run against a choice to promote the use of local materials only. Do cost considerations mean then that there have to be different latrines for different users? Related to this are questions about difference and "sameness", as highlighted in the report title. Of course everyone is the same in terms of their emotional make-up and basic needs and rights. However disabled people are also "different" in terms of many of their needs. Is it appropriate to have modified facilities for disabled people separated and marked as "disabled" (as happens in many parts of the world)? Is this helpful in terms of access and cost, or is it something that divides people and increases stigma? This report invites readers to consider their own views as they read the research respondents' recommendations.

View from the grassroots

The research participants, most of who are disabled themselves, suggested that:

- **water and sanitation facilities need to be nearer their homes** – this would make them easier to use and reduce dependence on care-givers (and make care-givers lives easier)

- **latrines need to be designed with the range of different disability needs in mind** these include use of rough surfaced cement rather than wood or soil (cement is less slippery, easier to clean, crutches don't get caught in gaps), no raised entrances or blocks, providing a handle inside the latrine, wider doors for wheelchair access, chair-like latrines, smooth paths to reach latrines etc.

- **water facilities need to be designed with disabled users in mind** – improvements might include lower taps, showers and wash basins modified to be accessible for disabled people, provision of carts or bicycles to allow people to collect their own water

- **separate or private facilities for disabled may be important.** Some people suggested facilities for disabled use only because they needed to be designed differently but also because disabled people took more time to use them compared to non-disabled users, they could be more easily cleaned by care-givers, etc. However some non-disabled interviewees suggested inclusive designs for everyone to avoid stigma and discrimination.

Recommendations from the researchers themselves that consider the wider policy, advocacy and implementation issues regarding disability and WASH are presented on page 10.

Steps to a better life

Some people with motor disabilities have devised their own coping mechanisms - Fetudine (left) from Butjara is 10. He has his own shallow pit latrine as he can not use a standard one.

Could involving **everyone** in the community in design discussions be a way to reduce prejudice and abuse and raise awareness of the difficulties for the disabled? This could also give others the chance to discuss the problems they might have in using facilities. These might be older people who have mobility issues, people who fear latrine collapse or infection etc. Inviting design ideas or running a community competition might be one step towards empowering people to think collectively about shared challenges.

Photo credit: WaterAid/Mahider Tesfu

Rights! Facts!

We choose equal access, education and solidarity in

In common with every country in the world, there are millions of
These issues may be the result of serious illness or
Poor health and physical disability can mean it is difficult to collect water
But we choose to be part of a community where everyone has an equal right to such

Rights!

Everyone has the same rights

- **Water, sanitation and health for all**

Every human has an equal right to a clean, safe water supply, the chance to use a latrine in dignity and to learn about hygienic practices to keep themselves and their family healthy.

- **Facilities everyone can use**

Government and NGOs are working with local communities to provide these vital water and sanitation services for everyone in Ethiopia. But it is essential for us all to consider also the special needs of those of us who are ill or have mobility issues that make accessing such facilities difficult.

- **Practical challenges any of us can face**

People can find carrying heavy water cans impossible if they feel very ill. Reaching water taps or entering a latrine can be hard for wheelchair users. People who use crutches or who are older and infirm may need to spend longer in the latrine or shower to manage in facilities that are not well designed for their situation. Sometimes people may need more frequent latrine visits or bathing. Such situations are a fact of life for many people, and any of us may find ourselves in a similar situation at any time in our lives, due to an accident or a variety of health problems. This is just part of being human, something we all share!

- **The right to a life free of discrimination**

Those people with health or mobility issues, and those who care for family members and friends with their challenging situations, often have to work hard to access water and sanitation facilities. They all show strength and courage in one way or the other, facing difficulties with dignity and managing activities that most other people find much easier.

In the same way that everyone has a right to water and sanitation, so everyone has the right to access these facilities without fear of discrimination. Many people with health or mobility issues find themselves unjustly harassed. But those people who abuse do so mostly out of fear and ignorance. Instead we can educate ourselves about disease and disability. Then we can free ourselves from fear, and free others from our discrimination.

Facts!

People have physical disabilities for several very straightforward reasons:

- **Disability because of a birth disorder or disease**

Babies can be born with a health condition that makes them physically disabled or someone can become disabled later in life through an illness.

- **Disability because of an accident**

People can become disabled because of an accident – they may get hit by a car, get a limb caught in machinery at work, fall in the fire at home and so on.

- **Disability because of increasing age**

As we get older parts of our bodies naturally get tired and over-used. We can get stiff and weak limbs that make moving about and carrying things harder.

Physical disability is NOT the result of wickedness committed by someone or their ancestor. Such ideas are old superstitions and not true. So everyone who is disabled (and also their family) deserves the same respect and equality as all of us.

One community!

water, sanitation and hygiene provision for our community.

people in Ethiopia who have health and mobility issues.
of accidents, or simply of growing older.
or use the latrine. Some people also suffer a lot of unjust discrimination.
vital facilities and choose to understand the facts about everyone's special needs.

Facts!

Serious diseases are spread in different ways. If we understand how they are transmitted we can help protect our community from ill health. We can also learn that we do not need to fear contact with family members or neighbours who may already be ill, especially those living with HIV/AIDS. We can stop rejecting them, and stop denying them access to the water and sanitation facilities they need and have an equal right to use.

- **Some diseases can be spread by having dirty hands**
  It is essential to wash our hands after visiting the latrine, after emptying a child's potty and before cooking. Diseases like *typhoid*, *shigellosis*, and *cholera* can be transmitted to others if spots of faeces get into our mouths or onto our food. If we wash our hands at these points in the day and keep our latrines as clean as possible we can really reduce the risk of disease transmission. A clean latrine prevents flies spreading diseases too.
- **Some diseases are spread by coughing or sneezing**
  These diseases include *tuberculosis* and *phenomena* so it is important to cover our mouths and noses when we cough and sneeze, and then wash our hands as soon as possible.
- **Some diseases are spread through dirty water**

It is essential to keep human drinking water sources clean. No-one should defecate near water sources, clothes washing should be in a separate place and animals should be given water in their own area. Drinking contaminated water can give you diarrhoea, transmit *cholera* and *shigellosis*, and spread parasites.
It is relatively simple to prevent these diseases spreading by practicing good water and sanitation hygiene. We need to wash our hands with soap and water, keep our latrines clean, and protect drinking water sources.

- **HIV/AIDS is different. It can NOT be transmitted in water or through contact with faeces or urine, so there is NO danger sharing water or sanitation facilities with someone living with HIV.**

There are only four ways we can become infected by HIV:
(1) Unprotected sex with an infected partner. Using a condom saves lives.
(2) Sharing contaminated skin-piercing equipment with an infected person (e.g. razor blade, syringe needle)
(3) Receiving blood from an infected person in a hospital operation (be careful attending serious accidents too).
(4) Transmission from an infected mother to a fetus in her womb or to infants when breastfeeding.
But, non-infected people may not know the complicated situation that led to someone becoming infected. So instead of judging anyone, it is important to stand by them as they seek the medication they need to stay well. We can share life with any infected family member or neighbour with confidence knowing it is **NOT** possible to transmit HIV through everyday physical contact (e.g. kissing or hugging, sharing eating utensils, consuming food or drink prepared by someone who has HIV, by coughing or sneezing, or by sharing toilet or washing facilities). And the virus is not spread by mosquitoes or other insects. (All HIV/AIDS facts from National Aids Trust, UK)

One community

People are different, but more than this, we are all the same..

- **People with health or disability issues may need slightly adapted water and sanitation facilities or a little more time to manage their activities.**

And that is all! Otherwise we are all the same, each bringing a mixture of talents and good qualities to life. If we choose to stand together as a community we can seek solutions to shared problems openly and enjoy an equal companionship.

Photo credits this page: (top) WaterAid/ Polly Mathewson, (bottom and report front cover) WaterAid/ Mahlet Mairegu

Different, and the same: people living with HIV/AIDS

A shared problem

As is the case in so many parts of the world, HIV/AIDS is a significant problem for communities in Ethiopia. Although not so severe a situation as for some of its neighbours, the number of people infected is still considerable at around 1 million (Single Point Estimate, UNAIDS 2008). These same UNAIDS figures estimate that in rural areas HIV/AIDS prevalence varies between 0.9% and 5%, with urban prevalence higher at 7.7%. This means that everyone in urban areas is sure to know, or care about, someone who is HIV positive. Aside from the deeply personal reality behind these statistics such as fear, grief, anger, and physical discomfort, those living with HIV/AIDS show how the impact of the disease spreads out into all corners of life. They report prejudice and practical difficulty in employment, housing, childcare and social life, and often face severe economic hardship as a result of the disease. According to the research carried out by WAE and ZemaSef, water, sanitation and hygiene provision (WASH) are also major sources of distress. The short stories below highlight the different difficulties people living with HIV face on a practical and emotional front.

However it seems that the very cause of many of these difficulties for the individuals themselves is rooted in a community-wide "difficulty" with the disease. Living closely together, as many poor in urban Ethiopia do, there is no escape from the widespread fear connected to a disease that has the potential to be so devastating (although this need not be the case). This recent research and also earlier work carried out by WAE on HIV/AIDS demonstrates the fear, misunderstanding and cultural prejudice that pervades society on this issue. This community attitude is viewed in this case through the lens of WASH. However it reveals insights into the wider picture and the pressing need for stronger action if people with this difficult disease are to have the chance to live with the dignity, opportunity, good health and extended life expectancy that they deserve.

While there is extensive international literature on HIV/AIDS and several NGOs in Ethiopia are working hard with those affected, programming on HIV/AIDS and WASH are rarely linked. This in spite of the fact that water, sanitation and hygiene are such basic needs for everyone, and that people with HIV are particularly susceptible to sanitation and water-related disease, especially diarrhoea. The question is how those involved in WASH provision can elevate their work providing for the practical needs of communities to take on the more complex issues of societal fears and prejudice that exist in relation to HIV/AIDS and WASH. While many in the WASH community are already addressing cultural attitudes and taboos around waste matter as part of their work, discussing HIV/AIDS may represent a challenging shift of emphasis. Sharing ideas with others working on HIV/AIDS issues will surely help with this challenge.

The idea to work jointly on broader societal prejudices is suggested by WAE choosing to link two vulnerable – and indeed sizeable – groups of people in **Different and the same**: people living with motor disabilities and people living with HIV/AIDS. Readers are invited to consider the challenges of working at a deeper level as regards WASH policy and programming as they read the stories of the research participants (all names have been changed to protect identity).

Complex linkages

Research with informants (who included those living with HIV/AIDS, those of uncertain status and people not living with HIV/AIDS) revealed the following key points:

- about one third of the people living with HIV/AIDS who were interviewed said they found they had **reduced access to water and sanitation facilities due to their illness making them weak** and also **due to the discrimination and prejudice of others**.

Eden used to live with her parents. The neighbours suspected she was HIV positive, due to her frequent sickness. They locked the toilet, and poured water and detergent in the toilet when she used it. They spoiled her wet clothes after she had washed them, and they even went to the extent of attempting to throw her baby in the river. They also tried to attack her with a knife. After that she left the place and rented a house in a very remote area where people didn't know her story. Eventually she moved back to a rented room in Addis Ababa, but she still faces discrimination.

Solomon used to live in private rented accommodation. As soon as he started to visit the latrine frequently, his neighbours suspected him of having the HIV virus and locked him out from the toilet and the water tap. They washed the ground where he walked to the toilet, and made him pay extra money for the water he was using.

- although they had less access to WASH facilities, over 75% of the interviewees said their **need for water and sanitation has increased** since they tested positive for HIV, and especially during the symptomatic phase.

Their increased needs are because:

- they were drinking more water as frequent diarrhoea made them dehydrated, and to help reduce the side-effects of the anti-retroviral treatment (ART) used by half of the HIV positive respondents
- increased bathing helps prevent water-related opportunistic infections
- suffering from fever increased the need to drink and to bathe and to wash clothes and bed clothes
- around two thirds of HIV positive individuals said they suffered from diarrhoea, so needed frequent latrine visits

- **people are not clear about the way in which HIV/AIDS can be spread and avoid any contact with individuals they suspect or know to have the disease**

Lemlem gets her water from a communal water point. After she collects water people wash the tap. They also don't want to put their water container next to hers. Neighbours don't like to lend her bottles, glasses and containers.

Miriam is living with HIV. She washed her clothes and hung them outside in the sun. When she went outside to see if the clothes were dry she found them strewn about on the dirty ground. Next time, she waited outside until the clothes were dried. The neighbours reacted by not hanging their clothes on the same washing line, afraid that the virus might be transmitted through it.

- **people who are or who may be HIV positive are risking their chances of improved health by avoiding medication and care because of discrimination.**
Anyone who visits the toilet frequently or is seen taking pills is a suspect

Aster is not taking anti-retroviral treatment (ART), fearing that this will identify her as a positive person, and lead her housemate to throw her out. Her neighbours ask questions even when she takes antibiotics and painkillers. They suspect her HIV status and won't drink coffee with her. She even avoids having the ZemaSef (NGO partner of WAE) social worker visit her. More than anything she is afraid to be identified as a positive person.

A risk worth taking?

The personal stories above demonstrate the dilemma facing people in admitting to their status. If they stay quiet in order to avoid the discrimination associated with being HIV positive, they risk becoming much more ill through lack of appropriate medication. If they seek out the medical help available, they risk being ostracized and abused in the community. Some people have even found their own family members turning against them. It is crucial that those working on WASH understand this problem regarding status and the fact that many people will hide their real condition, as this will determine their success in responding to the challenges of HIV/AIDS. People with HIV/AIDS face a similar dilemma to those with disabilities when it comes to provision of separate latrines or water points. So although most HIV positive people suggest it would be helpful to have a separate latrine, they recognise the problem of reaching positive people who may not be tested, or may not wish to reveal their status, as well as the risks of increased discrimination as a result of targeting.

The way forwards

The research participants recommended:

- **improved and increased water and latrine facilities for all members of the public rather than specific facilities targeted at people living with HIV/AIDS.** Private provision was preferred but was recognised as unrealistic, and so people suggested more (and better maintained) communal facilities

- **tackling discrimination through community counselling and mass media – that this was as important as the provision of physical facilities**

Page 10 draws together the researchers own recommendations on HIV/AIDS and WASH.

A call to action

It is hoped that **Different and the same** will inspire readers to pursue the issues raised here in more depth by contacting WAE for further information (see back cover). In the meantime this page sums up the recommendations of the researchers themselves, and calls on all of us to make ourselves aware of unseen inequalities and suffering that presently exist in relation to WASH and to act to change this situation: for policy makers to consider vulnerable groups when designing policy frameworks, and implementers to integrate HIV/AIDS and motor disability into WASH programming through designing inclusive latrine and water facilities, tackling discrimination and advocating for and with vulnerable groups.

Researchers' recommendations -

Motor disability and WASH

- **people with motor disabilities should be involved in programming and policy advocacy activities in the WASH sector.** This could be achieved through consulting people with disabilities during the design, implementation and monitoring of programmes, and through increased employment of people with disabilities in the WASH and health sectors (by government, NGOs and the private sector).

- **inclusive design should be incorporated into WASH and health programming to ensure broader accessibility.** Cost-benefit analysis should account for future costs of modifying existing 'general' designs. Inclusive design could involve consultation between engineers and people with disabilities in order to develop simple, low-cost, inclusive designs of taps, latrines, hand basins, showers etc. Engineers, WASH promoters and households with family members with disabilities should be trained regarding the needs of people with disabilities and the construction of inclusive design facilities. The modification of existing facilities should be considered.

- **data collection should be improved and further research carried out by government and NGOs to assess the scale of the problem of disability in Ethiopia, and encourage greater recognition of the needs of people with disabilities.** Since these individuals are often among the poorest, meeting their needs will enhance efforts to reduce poverty.

- **education and campaigns to address misguided beliefs and attitudes relating to disability are needed.** These will improve prevention, diagnosis and treatment of people with disabilities and combat social exclusion.

Researchers' recommendations -

HIV/AIDS and WASH

- **the WASH needs of people living with HIV/AIDS should be met through increased provision of facilities for the whole community, rather than through targeted facilities for those living with the virus.**

- **people living with HIV/AIDS (or their representatives) should be included in planning, implementation, monitoring and evaluation of all WASH** programmes to ensure their needs are taken into account.

- **tackling discrimination against people living with HIV/AIDS is as important as improved provision of physical facilities**. Legal provision should be available for those experiencing discrimination.

- **key messages of this research should be disseminated to government organisations, NGOs, and UN agencies within Ethiopia, as well as internationally**.

- **use of media such as radio should be supported with accurate medical information in an accessible format.**

- **WAE should liaise with other organisations on how to integrate WASH programming with programming in HIV/AIDS.**

- **WAE and its partners need to integrate HIV/AIDS messages into their hygiene promotion and education work**, based on the findings of the full research.

- **WAE and other organisations should include education on HIV/AIDS in order to tackle discrimination and achieve equity of access** in all existing and new water and sanitation provision.

- **research findings on the WASH needs and access of people living with HIV/AIDS should be incorporated into national policies in the WASH sector, as well as into the Ethiopian HIV/AIDS National Response.** Policies should continue to incorporate priority for vulnerable groups, including people living with HIV/AIDS and should tackle discrimination, including through legal provision. Responsibility for sanitation provision to vulnerable groups should be more clearly defined.

- **funding allocated to HIV/AIDS should be reviewed to ensure inclusion of WASH issues.**

The research identified that common to both WASH and HIV/AIDS, and WASH and motor disability, were important issues around gender. Please see **The cost of being female** on the back cover.

The cost of being female

The WAE research highlighted a critical burden that needs particular consideration by the WASH community: the disproportionate impact of WASH, HIV/AIDS and motor disability issues on women.

Across sub-Saharan Africa more women are infected with HIV than men. The UN Coalition on Women and AIDS estimated in 2007 that 60% of those in the region living with HIV are women. In Ethiopia HIV infection is estimated at 5% for women and 3.8% for men (Ethiopian Ministry of Health, 2004). The reasons for these figures are partly biological (women are more physically susceptible to HIV infection than men) but also social, cultural and economic. By contrast the number of men who are motor disabled in Ethiopia is higher than women. One estimate is that women make up 44.2% of motor disabled (Tirussew et al, 1995). However the majority of care-givers for both HIV and disability are women, as care-giving is traditionally perceived as a female role. This caring role creates a huge additional burden for women, where water-collection, washing and cooking are in any case seen as work for women and girls. In addition wives with disabled husbands may have to take on the responsibility for income generation as well as their household duties. Meanwhile women living with HIV/AIDS or disabled themselves face double discrimination as they may be unable to fulfil traditional female tasks. Disabled women can be excluded from social ceremonies and have difficulty finding a marriage partner. They are also at higher risk from sexual harassment during open defecation. Readers of **Different and the same** can learn more on this in the full reports.

WaterAid
47-49 Durham Street
London
SE11 7JD
UK

Tel: 020 7793 4500
Fax: 020 7793 4545
www.wateraid.org

WaterAid Ethiopia
Debre Zeit Road
P.O. Box 4812
Addis Ababa
Ethiopia

Tel: 251-114-661680
Fax: 251-114-661679
Email: wateraid@ethionet.et
www.wateraidethiopia.org

WaterAid – water for life
The international NGO dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education to the world's poorest people.

UK charity registration number 288701 Date: December 2008

Brief background to the original research:

Meeting the needs for water and sanitation of people living with HIV/AIDS, March 2006

- The objective of the research was to test the hypothesis that people living with HIV/AIDS have increased needs and reduced access to WASH facilities and some modification of current programmes is therefore necessary.
- The research was carried out by WAE and ZemaSef, a national NGO, in Lideta one of 10 sub-cities in Addis Ababa. It builds on previous research by the same organisations on linkages between HIV/AIDS and water and sanitation (Kuribachew Mamo and Owen Frazer, 2004: Making the Links).

Water and sanitation access for people with motor disabilities, March 2007.

- The objectives of the research were to identify constraints, coping mechanisms and potential solutions for WASH access for disabled people in one project location.
- The location selected was Butajira town and two nearby rural kebeles (smaller administrative areas) of the Meskan woreda of the Guarage zone in SNNPR, Ethiopia. The site was selected because ZemaSef, one of WAE's partners, has a WASH project and a project supporting disabled children and young adults, both in Butajira town.

WAE focused in this case on **motor or physical disability** (and not on mental disability or learning difficulty) because those with physical impairment are likely to have more restricted access to WASH than others, due to physical and social constraints.

Different and the same

A WaterAid report edited from source reports by:
Polly Mathewson (independent consultant)

Original long reports:

Meeting the needs for water and sanitation of people living with HIV/AIDS, March 2006, Researched and authored by Priscilla Magrath (independent consultant) & Mahider Tesfu (WAE)

Water and sanitation access for people with motor disabilities, March 2007, Researched by Mahider Tesfu, Manyahlshal Ayele, and Mahlet Mairegu (WAE) and Ziad Hussen, Authored by Mahider Tesfu (Researcher, WAE) and Priscilla Magrath (Advisor, Independent consultant) .

Shorter versions of each report are also available: **Equal access for all** and **Equal access for all 2**.