WaterAid

Equal access for all - 2

Water and sanitation access for people with motor disablities

Introduction

Accessing enough safe water and sanitation is a struggle for many in Ethiopia. But for those with a motor disability the challenges are compounded. Crawling into an inappropriately designed, overused and dirty latrine poses additional health risks to this vulnerable group. Having to ask for assistance is humiliating.

Water and sanitation issues barely feature in the extensive international literature on disability. In Ethiopia, which could have as many as 5 million people with disabilities (PWDs), the issue has rarely been discussed. WaterAid Ethiopia aims to address this gap.

This research investigates the experiences and coping mechanisms of people with motor disabilities in accessing water and sanitation facilities in Butajira town and its surroundings, located in SNNPR. It offers suggestions for meeting their needs through improved design of water and sanitation facilities as well as through addressing social stigma in the community.

Inappropriate latrines and increased need for water

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

"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 more dirty 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 as you can see, I need a lot of water for bathing after using the toilet." (Adanech,18)

Photo credit: WaterAid/Wegayehu

Aleka has to get out of her wheelchair and crawl into this dirty latrine every time she needs the toilet.

Background

Estimates of the incidence of disability in Ethiopia vary widely and information on their situation is limited. According to the 1994 National Population and Housing Census 1.9% of the population are disabled but this is considered to be an underestimate. A baseline survey in 1995 gave a higher estimate of 2.95%, while in 2003 the ILO estimated that 7.6%, or five million people were disabled.

WaterAid Ethiopia aims to improve the well-being of everyone in the community through its water and sanitation program support. People with motor disabilities are likely to have more restricted access than others due to physical and social constraints. Meeting their needs requires accurate information on their situation. But information on water and sanitation access for those with motor disabilities is limited in Ethiopia. For this reason WaterAid Ethiopia undertook a pilot research in Butajira town and surroundings in SNNPR in September–November 2006. This briefing note summarizes findings and conclusions.

The objectives of the research are to identify constraints, coping mechanisms and potential solutions for water and sanitation access for disabled people in one WaterAid project location.

Methodology

The research was undertaken in Butajira town and two nearby rural Kebeles of the Meskan Woreda of the Gurage zone in SNNPR. The site was selected because Progynist, one of WaterAid's partners, has a water and sanitation project and a project supporting disabled children and young adults, both in Butajira town.

The following data gathering tools were used:

- Interviews with 32 disabled and 24 care-givers;
- Focus group discussions with disabled people in the urban and rural locations, split by gender (four groups);
- Focus group discussions with the general public in the urban and rural locations (two mixed gender groups);
- Key informant interviews with government and non-government service providers in Butajira, including Health and Water Bureaus and disability organizations;
- Village profile;
- Secondary literature review.

The sample included the following variables:

- WaterAid project site / non-project site;
- Disabled receiving NGO support / unsupported;
- Men, women and children.

Disabled respondents and Focus Group participants were selected from Erinzaf disability association, Progynist and the community.

Coping mechanism: 10 year old Fetudine has his own shallow pit latrine

Photo credit: WaterAid/Mahider Tesfu

Key Findings 1: Experiences of disabled people in water and sanitation

Water

Disabled **need more water** due to their disability. Frequent falls and crawling, expose them to dirt, and exertion required to move with crutches and wheelchairs increases sweating.

Most respondents said **water was more of a problem for them than latrines,** because they cannot collect water by themselves and depend on care-givers to collect for them. Water sources are far, and arms are often used for mobility, and are not free to carry containers. Because they rely on others to collect water some do not get enough water for frequent bathing and washing.

About two thirds of respondents benefit from **taps** provided by government and NGO projects. Taps bring water closer, reducing the burden on care-givers, and improve health as the water is safe to drink and consumption rises. If close enough, the disabled can collect for themselves.

Latrines

Disabled **need latrines** more than others since open defecation is tiring and dangerous, due to the risk of falling, and exposure to dirt and to wild animals. Just under half of the respondents have no access to latrines.

Even for those who have access to latrines, the **designs are inappropriate** for the motor disabled, since they cannot accommodate crutches or wheelchairs. Out of the 18 respondents with latrine access, five cannot always use them and resort to open defecation or use potties. Others struggle to use the latrines by crawling. Since latrines are overused and dirty, this poses a health risk.

Most latrines have wooden floors, which get slippery when wet, and are difficult to clean. Crutches get stuck in gaps between the boards. Raised entrances and raised latrine blocks pose further obstacles to the motor disabled.

Despite these difficulties, nearly all manage to go to the toilet alone, and strongly resist assistance as they find it humiliating. There were only two cases where **design modifications** had been made to accommodate disability. In one case a man built his own latrine chair, but this got broken and he now uses a potty. In another case a family dug a separate, shallow pit so that their disabled son would not fall in to the main latrine pit. The pit is a simple hole in the ground with no slab.

Discrimination in latrine use

"While living in Addis Ababa, I faced discrimination in toilet usage. The toilet was designed for non disabled people and was not appropriate for people like me. It took me longer to use the toilet and to handle my clothing before and after defecation. During this time people who wanted to use the toilet became impatient and made unnecessary comments. They used to say *'are you sleeping in there or what?'* and some times *'did you contract the toilet just for yourself?'*. I couldn't bear all this harassment, as well as discrimination from landlords in Addis Ababa so I moved to Butajira where I was born.

Now I am a beneficiary of the Progynist water project. My family use a communal water point at no cost, and besides this, my wife has been hired as a tap attendant by the project. When the project hired her it took my condition in to consideration. I participated in the project in attending meetings, providing my house as a store during construction of the water point and so on. Sometimes, when my wife does labouring jobs, I attend the tap. I feel useful and get to communicate with people. The project has changed my life." (Misbah, 43).

Key Findings 3: What is being done?

Disabled living in Butajira have better access to education and support than those in the rural areas.

Girarbet rehabilitation centre appears to be the main organisation providing medical support, mobility equipment and training to disabled people in the area. Nine respondents benefited from this, while one received equipment from Silti zone. Once disabled people aquire mobility equipment they are much more likely to be able to attend school.

Progynist provides educational support to 16 disabled youth, including financial aid and materials. Eight respondents were selected from among the beneficiaries. Under Progynist water project, the disabled receive the services free of charge, and three respondents benefited from this. But access needs of the disabled are not addressed in the design of WatSan facilities.

Local water and health bureaux do not target disabled people with their services, and have no data concerning them. The Meskan Woreda Social Affairs Bureau, the government body responsible for the welfare of disabled people, has organised 50 leprosy patients into an association. The self-initiated **Erinzaf Disabiltiy Association,** with 150 members has received support from the Micro-trade and Industry Bureau, but plans for income generating projects were stalled when the credit received was embezzled by the leadership.

Key Findings 2: General problems faced by disabled and their care-givers

There was widespread agreement that **lack of jobs** was the most important practical problem faced by the disabled. None of the respondents were employed in the formal sector, and less than half of the adults did piece work or petty trading. Dependency, lack of mobility, health, poor water and sanitation access and limited access to health and education facilities were also mentioned.

Disabled also experience **social problems**. They have low status in the community, and are assumed to be incapable, and this is reflected in the lack of job opportunities as well as in verbal harassment, even from family, friends and school teachers. Disabled people, especially women, find it more difficult to find marriage partners. Exclusion from social ceremonies and from public life are other forms of discrimination which render them 'invisible'.

Attitudes to the disabled reflect underlying cultural beliefs about the **causes of disability**. Several respondents believed their disability was caused by 'devil spirits', and the idea that disability is a result of a curse on the parents, due to past misdemeanours, is also widespread. This encourages parents to deny birth defects, and perpetuates ignorance about the true causes of disability. According to medical information, nine out of 32 interview respondents had had polio, but none of them mentioned this as a cause of their disability. Instead, they mentioned accidents, devil spirits or other diseases.

Care-givers

Although disadvantaged in many ways, disabled people do receive support from care-givers and some NGOs. The care-givers, who are often children, receive no support. Frequently over-burdened with work, their access to education may be even more limited than that of the disabled. Adult care-givers are often also the main bread-winners, and the burden of work may affect their health.

Links between poverty and disability

The research provided further evidence of the linkages between poverty and disability. Most of the disabilities of the participants resulted from poor access to health care including vaccinations; dangerous living conditions resulting in a high incidence of accidents such as burns or traffic accidents; and lack of early medical intervention following accidents or disease.

Disability perpetuates poverty for the disabled, their care-givers and other families, through low educational levels, lack of job opportunities, heavy work burden and social exclusion. Described as 'voiceless' their access to justice and government budgets is also limited. Disabled respondents were among the poorest and most marginalised in their neighbourhoods.

Recommendations from respondents: water and sanitation.

Highest priority was given to provision of water and sanitation facilities **closer** to the homes of the disabled. This would make latrines and water taps easier to use, and reduce dependence on carer-givers, who would themselves benefit from closer water sources.

Latrine design

The second most common recommendation was **improved design of latrines**, so that they would be accessible to crutch and wheelchair users and easier to use for those crawling. Although different disabilities may require different designs, use of rough surfaced **cement** rather than wood or soil was almost universally recommended. Cement is less slippery, does not have gaps into which crutches can slip, and is easy to clean. Other design suggestions include removing raised entrances or latrine blocks, providing handles at the latrine or along a path to the latrine, wider doors for wheelchair access, chair-like latrines; and smooth paths to latrines to reduce slipping or falling on the way.

Water facility design

Several wanted lower taps, so they could be reached more easily from a wheelchair. Improved design of showers and wash basins accessible to the disabled was recommended by some, and a few suggested provision of 'gari' carts or bicycles so that disabled can collect water for themselves.

Some respondents recommended **separate** or **private** provision for disabled, not only because they need different designs but because they take more time using facilities, and cleaning and maintenance would be easier for carer-givers; but non-disabled participants urged inclusive design for all in order to avoid stigma and discrimination.

Recommendations from researchers

1. People with disabilities (PWD) should be involved in programming and policy advocacy activities in the WatSan sector. This could be achieved through:
   - **Consultation** of PWDs during design, implementation and monitoring of programmes, either directly or via support organisations;
   - Increased **employment** of PWD by government agencies, NGOs and private sector in WatSan and Health sectors;

2. **Inclusive design** should be incorporated into WatSan 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 PWDs;
   - Development of simple, low cost, inclusive designs of water taps, latrines, hand basin, shower etc;
   - Training of engineers, WatSan promoters and households with PWDs on the needs of PWDs and on construction of inclusive design facilities;

3. Improved **data collection** and **further research** by government and NGOs to assess the scale of the problem of disability in Ethiopia, and encourage greater recognition of the needs of PWDs. Since PWDs are often among the poorest, meeting their needs will enhance efforts to reduce poverty.

4. Education and campaigns to address **misguided beliefs and attitudes** relating to disability, in order to improve prevention, diagnosis and treatment of PWDs and to combat all forms of social exclusion.

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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

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