Poverty, illiteracy, poor personal and environmental hygiene, malnutrition, lack of access to basic social services, like water and sanitation, characterize the slum areas of Addis Ababa, resulting in high morbidity, disability and mortality specifically for women and children. By taking these factors into account, Cheshire Foundation Action for Inclusion (CFAI) implemented a three year WASH project funded by WaterCan starting in 2009. The project targeted the most marginalized groups in the selected communities, specifically people with disabilities. This paper highlights the impact that WASH activities can have in promoting the economic wellbeing of people with disabilities, specifically in the communities of Anbessa Garage and Kore in Addis Ababa.

Introduction
According to CSA (2007) Addis Ababa, the capital city of Ethiopia, has a population of approximately 3.7 million people. The urban population growth rate is high, about 4.1 percent, primarily due to migration of people from the rural areas searching for a better life. This high urban growth rate puts more pressure on the already weak infrastructure and social services, further exacerbating the high level of poverty. The people most affected by this situation, including a lack of access to basic services, such as water, sanitation and education, include people with physical disabilities (PWDs). These members of the community often are more affected by poor health and access to education.

Understanding that PWDs are more affected by a lack of access to WASH facilities CF-AI targeted communities with a high percentage of the population suffering from a physical disability through a three-year urban community-WASH program. This paper will outline the key issues that emerged from this project and how promotion of inclusive WASH initiatives can positively impact the economic wellbeing of marginalized people, specifically people with disabilities.

Disability situation in Ethiopia
According to UNICEF sited ILO & Irish aid (2009) in between five to eight million women and men in Ethiopia, or 7 to 10 per cent of the population, have a disability. A vast majority of people with disabilities live in rural areas where access to basic services is limited. A survey on disability in Ethiopia reported that 60 per cent of persons with disabilities of working age were unemployed in 1995, of whom some two-thirds were self-employed in rural areas in occupations such as agriculture, animal husbandry or forest activities. Begging is often a prevalent means of survival in urban centers, in addition to assistance from religious institutions and charities.

In the same publication the ILO & Irish Aid highlighted the positive policy and legal environment of Ethiopia towards the inclusion of people with disabilities, including Article 41(5) of the Constitution stating that it is ‘the State’s responsibility for the provision of necessary rehabilitation and support services for people with disabilities’ and the National Programme of Action for Rehabilitation of Persons with Disabilities that ‘aims to take disability preventive measures by promoting community participation; enable persons with disabilities and promote a better standard of living by building their capacity; and ensure their equal rights and full participation in society.'
The concept of disability inclusive WASH

(CCBBRT) Comprehensive Community-based Rehabilitation in Tanzania (2010) explained the concept of disability inclusive water and sanitation, by putting emphasis on the social aspects of disability. Disability is not something individuals have. Disability is what happens when society creates barriers by designing communities only for non-disabled persons, taking no account of the needs of disabled persons. Society is built and organized in a way that assumes that everyone can all move about, enter buildings, see signs, read directions and hear announcements, and access services and opportunities available to non-disabled citizens. Disability-inclusive water and sanitation services can lead to greater independence for persons with disabilities and, if done well, can significantly improve the living conditions of persons with disabilities and other community members.

CCBRT (2010) gave Justifications for inclusion of a disability perspective in the water and sanitation sector can be based on statistical, health, economic, legal and political grounds:

**Statistical:** About 10% of any populations are persons with disabilities. Promoting disability inclusion equals to ‘access for all’.

**Legal:** The right to safe access to water is clearly defined as a human right by the United Nations, e.g. in the UN Declaration of Human Rights and the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

**Health:** Lack of safe water and sanitation can have severe health implications.

**Economic:** Lacking access to water and sanitation services compounds poverty and poor health and increases isolation. As persons with disabilities mostly belong to the most disadvantaged parts of the population, ensuring access to safe water and sanitation has an enormous impact on their individual situation and that of their communities.

CFAI and WaterCan activities: what has been done?

As mentioned above CFAI implemented a three-year WASH project funded by WaterCan. During these implementation years the project targeted the most marginalized groups in the community including people with disabilities. The project was initiated to achieve three major objectives: (1) to develop safe water sources, (2) To improve hygiene practices & environmental sanitation condition by targeted communities, HIV/AIDS patients & their care takers and (3) to build community capacity to operate & manage their water supply system.

To create good understanding of the objectives of the project and maximize benefit of the project multi-strategy health promotional activities have been carried out. To ensure sustainability and functionality of the facilities, capacity building activities and training on the operation and maintenance of the facilities and the role of gender in the management of WASH facilities were carried out. Multi-strategy approaches that included house to house visit, observation and discussion with individual family members, coffee ceremony discussion forum, neighborhood’s group discussions, large community gathering sessions, stakeholders meetings, events celebrations and campaigns were conducted.

People including HIV/AIDS affected families has benefited from health and hygiene education. Using methods which include using youth groups to carry out WASH and HIV/AIDS education activities in communities and schools; hand washing promotion campaigns at public health centers; Training of Trainers (ToT) workshops for Hygiene Education Communicators and Facilitators; training of home based caregivers and HIV/AIDS affected families; Community and individual household level WASH and HIV/AIDS awareness campaigns; production and use of IEC material.

Local capacity building/trainings on community mobilization and gender sensitization workshops; site verification and community feedback seminars; and training of 30 WATSAN/neighborhood groups in operation and management of facilities (including water use fee system) were carried out.

All the aforementioned three objectives were met, and at the end of the three year period the following was achieved:

- 30 inclusive communal VIP latrines (4 stalls per block) constructed.
- Community standpipes, fifteen with 5m3 reservoir tanks and ten with 3m3 reservoir tanks, constructed
- More than 500 households have been directly assisted, a further 2,000 indirectly assisted
- Health and Hygiene Education (including priority for HIV/AIDS affected families) has been carried out.
- Local capacity building trainings were carried out that included community project mobilization and gender sensitization workshops; site verification and community feedback seminars; training of thirty
WATSAN/Neighbourhood Groups in operation and management of developed facilities (including water use fee system), as an innovative approach the project was implemented with the active involvement of people with disabilities.

- Regular monitoring and evaluation activities by CFAI.
- WatSan committees were selected by the beneficiaries mandated to carry out tasks such as educational motivation/agitation on the importance of improved WASH facilities; managing facilities which include making follow up on operation, community mobilisation and consultation processes, maintenance of these facilities and collection of money. There were also the involvement of some private sector groups who can support the project through their technical skills especially by giving trainings to community water Technicians.

The inclusive WASH facilities are designed to ensure people with disabilities, weak and elderly people, pregnant women, people who are injured/with chronic illnesses and people living with HIV can easily access and use the facilities (CFAI, 2009)

**Methodology**

The principal objective of this case study was to assess the role of WASH project activities in promoting the economic wellbeing of people with disabilities, in the communities of Anbessa Garage and Kore in Addis Ababa. To realize this objective primary data was collected through key informant interviews and critical review of documents. The sources of the data for this case study were people with disabilities residing in these two communities.

**Key findings and areas of learning**

In most cases the role of WASH in the community is associated with its role in contributing to the improvement of health of the community while people tend to give lesser emphasis to its role of improving the economic well being of the target communities, particularly people with disabilities. The findings from Anbessa Garage and Kore community reveals a different story that in addition to its health impact, WASH activities contributed to the improvement of the economic situation of people with disabilities.

Six non-health improvements were observed, including greater awareness of issues faced by people with disabilities, improved collaboration among community members, enhanced skills related to income generation, improved saving habits, improved leadership skills and improved communication skills.

**Awareness**: the provision of various trainings on disability and gender changed the awareness of the community members particularly people with disabilities in the area. Previously, these people considered themselves as unproductive and their destiny was left in the hands of God. Their income came primarily from begging but now they have changed their attitude and started working.

**Collaboration among community members improved**: in the implementation of the project traditional coffee ceremonies played a greater role, in that the community members sat together to attend the coffee ceremony then discuss health, hygiene and other issues. For some, these community gatherings were very good occasions to discuss new business ideas, accordingly these kinds of discussions led to increased collaboration among the community members and the establishment of small and micro finance business ventures.

**Saving habit improved**: up to the completion of this case study these two communities with the leadership of their WATSAN committee saved about 50,000 Ethiopian Birr (2,942 USD), the community managed to save this amount of money by collecting charges from water and shower users. Every water and shower user in the community is expected to pay some amount of money to the WATSAN committee, which is responsible for the sustainability of these facilities. The committee designed a transparent system of collecting money from users, where proper auditing is done periodically.

**Leadership skill improved**: people with disabilities in the community actively participated in the WATSAN committee in turn they improved their leadership capability. The respondents revealed that this is very helpful in their day today activities.

**Planning and income generation skills improved**: In the saving section we have seen the total amount of saving in the community. This saving besides the maintenance and running cost of the facilities is useful for starting retail business around the constructed WASH facilities. The planning skill of the community members particularly the WATSAN committee members has improved significantly after the project implementation.
Improved communication and speech skills: the various coffee ceremonies were important in creating chances for people particularly to people with disabilities to speak topics related with gender and health, so by in turn it gave them a chance to improve their communication and speech skills in front of people.

Areas of learning
Project implementers and donors who are in the WASH sector should give due emphasis on the sectors capacity towards improving the livelihood of target populations, particularly of women and people with disabilities.

Acknowledgements
The author would like to extend thanks to all staff at WaterCan and Cheshire Foundation Action for Inclusion for their unreserved support.

References

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