WaterAid

Principles and practices for the inclusion of disabled people in access to safe sanitation

A case study from Ethiopia

Report

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Front cover image: Personal Protective Safety Equipment

Executive summary

Disabled people represent the largest socially excluded group and most live without access to basic sanitary services, which can exacerbate impairments and poverty. Nevertheless, they are often excluded from development intervention and research. In response, WaterAid in Ethiopia designed a pilot project in Butajira to meet the needs of disabled people within their service delivery work. Learning gained through the project informed WaterAid's equity and inclusion approach.

This research aims to draw out key principles and practices for development organisations aiming to empower disabled people. This is achieved by conducting a formative evaluation of WaterAid's pilot project in Butajira. An extensive review of relevant literature, including an assessment of four case studies of World Vision projects, semi-structured interviews and participant observation were carried out.

The findings show that WaterAid applied the charity model of disability within its intervention. This is not uncommon in organisations that are beginning to focus on meeting the needs of disabled people within their development interventions (Wapling et al, 2008; Wapling, 2010). WaterAid had a limited impact on societal discrimination through its intervention, so did not effectively support the transition from a state of social exclusion to empowerment. This was caused by treating the Disabled People's Organisation as a homogenous unit rather than understanding the various power relations within the group. However, as this is one of the first attempts to include disabled people in WaterAid's work, it is a commendable step in the right direction.

The recommended key principles for development organisations are to mainstream inclusive development rather than implement projects that are targeted at the specific needs of disabled people. Organisations should understand the power relations within the given context and invite strategic participation across power levels for more empowering interventions. Organisations should also share learning so that evidence from community level interventions can be used to 'transform institutions and personal values on the larger scale' (Korten, 1995b).

Contents

Report

Figures, tables and boxes

Acknowledgements

1   Aims and objectives

This research **aims** to draw out key principles and practice for development organisations undertaking inclusive development. The **research objectives** are to:

1   Investigate the impact of disability and social exclusion on a person.

2   Develop an analytical framework for formative evaluations of inclusive projects.

3   Critically assess the conceptual model that WaterAid has applied in the Butajira project.

4   Evaluate the extent to which WaterAid's project has assisted disabled people to make the transition from a state of social exclusion to empowerment.

5   Identify principles and practices for future work with disabled people by WaterAid and other development organisations.

This research will **benefit external stakeholders** which are working towards raising awareness of the links between 'poverty' and disability (DFID, 2000; Wapling, 2009; Foley and Chowdhury, 2007; Yeo and Moore, 2003) as well as those that are specifically interested in mainstreaming disability within the sanitation sector (Wapling, 2009; Gosling, 2009).

2 Introduction and background

2.1 Research focus

WaterAid is an International Non Governmental Organisation (NGO) that works with local organisations to implement development interventions. WaterAid is committed to addressing social exclusion by ensuring that marginalised groups (including disabled people) gain access to water, sanitation and hygiene (Gosling, 2009). As the specific focus on disability is a relatively new area for the organisation, WaterAid in Ethiopia conducted research into understanding the barriers that disabled people face when accessing safe water and sanitation (Tesfu and Magrath, 2006). The informants were members of Fana, A Disabled People's Organisation (DPO) located in Butajira town in Ethiopia. In response to a call for proposals for 'innovative' projects from WaterAid headquarters, the Ethiopia team submitted a successful bid to pilot accessible toilets and showers within the Fana building (Box 1). This ensured that WaterAid's initial research in Ethiopia was not an extractive process. Instead, this pioneering project informed WaterAid's approach to addressing social exclusion; the organisation now aims to conduct 'inclusive development' (Gosling, 2009).

Box 1   The WaterAid project

Butajira town is located in the Southern Nations, Nationalities and People's Region (SNNPR), Gurage Woreda (district).
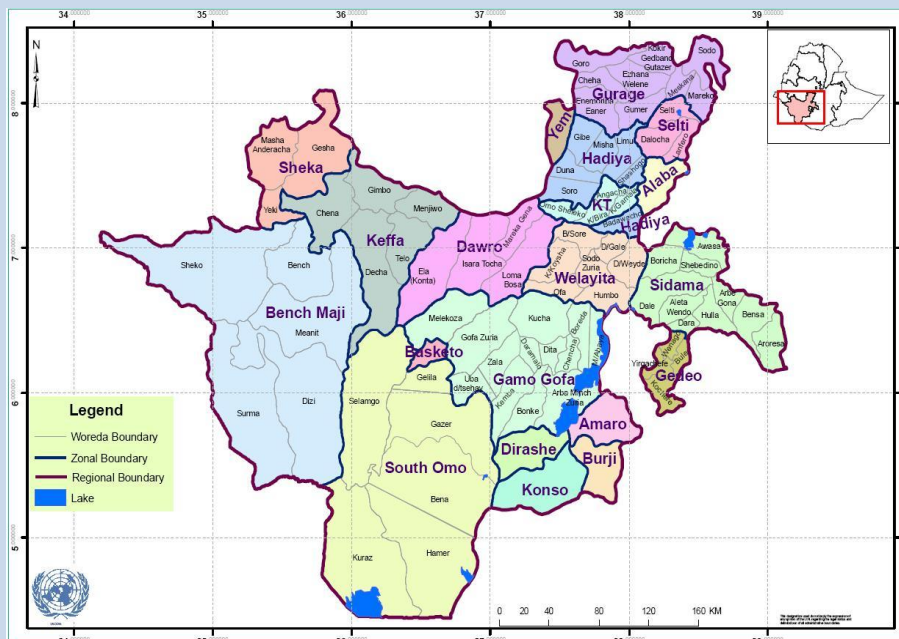
Map of the SNNPR, Ethiopia

Report

WaterAid worked with Progynist (a local NGO) to meet the needs of 62 members of a Fana (meaning 'light' in Amharic) – a Disabled People's Organisation (DPO). DPOs are organisations with disabled people as members; their main activities include raising awareness for disability issues and promoting the rights of disabled people. WaterAid and Progynist worked with contractors to construct two accessible toilets and showers within the Fana building located in Butajira town (Tesfu, 2008). The facilities are designed for and used by disabled and non disabled people living in and around Butajira town. This project has an income generation component as a fee is charged for using the showers. The project was completed in May 2009 and it is now operated and managed by the Fana management committee who live in the Fana building.

This **research focuses on assessing the extent to which WaterAid has effectively addressed social discrimination** facing disabled people within the Butajira project, as well as whether and how its interventions have empowered the target group.

With the recognition that development interventions often have unintended outcomes and impacts (Brinkerhoff and Brinkerhoff, 2005) a **formative evaluation** of the WaterAid project was conducted. Formative evaluations facilitate new learning by enabling different voices at the micro (project) level to be heard, and contribute to the improvement of development management (Paton, 2003).

Evaluations commonly include a number of themes, including relevance, effectiveness, efficiency and sustainability (IFAD, 2009). This research applies an analytical framework for the analysis of field data, which incorporates relevance (the extent to which the project design is consistent with the needs of the users' requirements and wider issues) and effectiveness (the extent to which the objectives are realised on the ground) (IFAD, 2009). It **does not include efficiency** (how economically resources are converted into outputs) **or sustainability** (the likelihood that interventions will have lasting impacts) due to resource constraints. The framework also includes the **social model of disability** (Box 2).

The **conclusions and recommendations** focus on key principles and practices which development organisations should apply when aiming to address social discrimination through development intervention.

Box 2   Conceptual models of disability

Disability has traditionally been framed by the '**medical model**', which focuses on the impairment. Intervention is geared towards rehabilitation and provision of corrective devices in an attempt to integrate the disabled person into society (Shakespeare and Watson, 2002).

The '**charity model**' also assumes that disabled people cannot contribute to society without external assistance. This has led to a proliferation of projects aimed at disabled people, such as the establishment of 'special' schools, vocational training for disabled people and income generation projects for disabled people (ibid).

In contrast, the '**social model**' of disability (developed in the 1970s as a reaction against the charity and medical models) (Hurst, 1999) treats disabled people as integral to society. Rather than concentrating on the impairment, it recognises that barriers to full participation are societal and threefold: environmental, attitudinal and institutional. Consequently, society needs to adapt to enable disabled people to participate more fully in society. This includes access to rehabilitation and corrective devices where necessary.

2.2 Gaps in research

Though there is an increasing emphasis on meeting the needs of disabled people by applying the social model concept within development intervention (Shakespeare and Watson, 2002; DFID, 2000; Groce and Bailey, 2010; Foley and Chowdhury, 2007; Gosling 2009) Yeo and Moore (2003) assert that disabled people are on the whole, excluded from development intervention and research. The **dearth of research on disability in relation to poverty** is a gap that researchers are calling to be filled (Yeo and Moore, 2003; DFID, 2000; Groce and Bailey, 2010).

In relation to sanitation, research studies have generated technical solutions that aim to address environmental barriers rather than attitudinal and institutional barriers (Jones et al, 2003; Russell, 2008; Kendra, 2008). There is a clear and urgent call to remedy this (Groce and Bailey, 2010).

2.3 The contribution of the research

This research adds value in the following ways:

1   It **contributes to the body of literature on disability and poverty** with a focus on the sanitation sector.

2   By incorporating the social model of disability within the formative evaluation framework, this research integrates an **analysis of environmental, attitudinal and institutional barriers** that limit disabled people's full participation in society.

3   It generates learning by **identifying principles for future work** with disabled people for WaterAid and other development organisations.

2.4 Key concepts and the conceptual framework

Within this research, 'poverty' includes social exclusion. Foley and Chowdhury (2007) classify **social exclusion** as a state of limited social solidarity and inequitable access to formal services. It is also a socially constructed phenomenon that excludes people differently (de Haan, 1998). Poverty and social exclusion are closely related, but they can be separate.

This research focuses on a specific form of social exclusion, disability and a specific service, 'sanitation'. **Disability** is defined as 'the loss or limitation of opportunities to participate in everyday life due to social and physical barriers' (Yeo and Moore, 2003). 'Sanitation' takes on different meaning within specific contexts. For example, in the urban context, sanitation can

include solid waste, waste water and drainage management and toilets. In rural areas where people are more sparsely populated, sanitation can be defined as toilets with hand-washing facilities. This research adopts the latter.

The World Bank (Guernsey, 2006) defines **inclusive development** to be the result of combining three components:

1   **Inclusion**: Disabled people are recognised as participants in all development activities. Hence they must be included in all phases of the intervention.

2   **Equity**: Every person, regardless of their age, gender, disability or ethnicity, benefits from an intervention so that they can participate in civil, political, economic, social and cultural aspects of life.

3   **Access**: Ensuring that disabled people do not face barriers in the built environment. This includes transport and infrastructure, as well as access to information and communication.

In summary, inclusive development means considering disability in all programming, rather than only as a separate stand-alone issue (Jones and Jansz, 2008). It is a combination of principles and processes.

In this context, **development** means addressing societal, environmental, attitudinal and institutional discrimination, so that disabled people can move from a state of social exclusion to greater empowerment.

Participatory tools and approaches are used to promote the active engagement of people during the design, management and monitoring stages of projects and programmes. It is often claimed that **participation** leads to the empowerment of disadvantaged groups (Chambers, 1994a). However, it is a highly contested concept – if power dynamics within the focus groups are not understood, participation can gloss over power relations and further entrench inequalities (Chambers, 1974).

Empowerment is also an extensively debated topic as different organisations and individuals apply different meanings to 'power' (ie levels of influence), so the aim of empowerment differs (Mayoux and Johnson, 2007). It is important to understand the power relations within focus groups so that development managers can understand the specific aspect they are aiming to influence. In this research, empowerment is when disadvantaged people take control of their lives and their resources to become agents of change (Thomas, 2000). The conceptual model applied in this research is displayed in figure 1.

Report

Figure 1   Conceptual framework
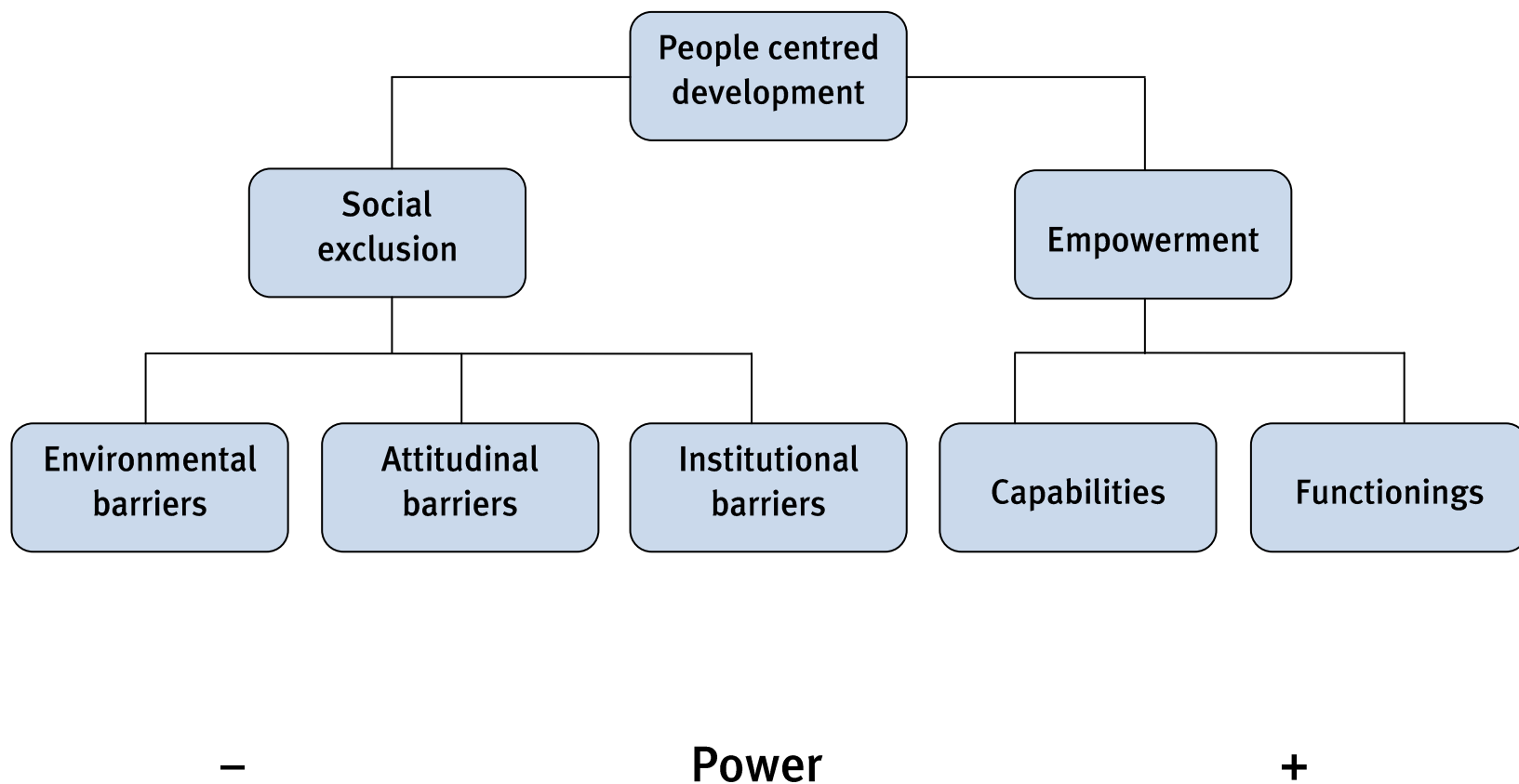
Report

The conceptual framework demonstrates that this research adopts an **empowerment model** within '**people centred development**'. People centred development rejects 'trusteeship', in which an agency is 'entrusted' to represent the interests of another (Thomas, 2000). People centred development aims to empower individuals and groups by concentrating on three basic principles: justice, sustainability and inclusion (Korten, 1995b).

Moving from a state of social exclusion to greater empowerment represents a redistribution of power and resources; this leads to a greater freedom of choice between different lifestyles (Mayoux and Johnson, 2007; Sen, 1999). Therefore, the goal of development is to facilitate this process in order to 'promote and expand valuable **capabilities**' (Sen, 1999). A person's capability is his/her ability to use a commodity (wheelchair, knowledge) to achieve a given 'functioning' (Sen, 1999; Saith, 2001). '**Functionings**' are things that people may value doing or being; they are essential to human beings and include self respect, participation in community life and an ability to appear in public without shame (Alkire, 2004).

3   Nature of the problem

3.1   Defining 'poverty' as social exclusion

Social exclusion is one way, of many, that poverty can be conceived. As defined by the European Foundation (1995), social exclusion is 'the process through which individuals or groups are wholly or partially **excluded from full participation** in the society in which they live'. It uncovers the multi-dimensional characteristics of poverty in which exclusion can take many forms, such as discrimination on the grounds of ethnicity, gender, poor health, unreliable employment and disability (de Haan, 1998). It focuses on people's **lack of choice, capabilities and capacities** (Sen, 1981; Goulet, 1971) due to unequal power relations. Hence exclusion is a socially constructed phenomenon as society's structures, norms and values exclude people differently (de Haan, 1998). Social exclusion displays the complexity of poverty beyond material living standards.

One of the limitations of social exclusion as a definition of poverty is that it does not explicitly consider financial issues. This has resulted in criticisms as it can lead to the assumption that low income and alienation are unconnected, and that each should be considered separately (Palmer, 2006). Arguably this can serve to downgrade the importance of addressing income generation on the grounds that it improves household's material goods, rather than has a wider social impact (Palmer, 2006).

A consideration of financial issues is vital within the context of disability and social exclusion. For example, if a family member becomes disabled after birth, household expenditure increases. It can be fixed, such as payment for a wheelchair, or variable in the form of medicine (Burchardt, 2000). Full time caring responsibilities and full time employment is impractical (Foley and Chowdhury, 2007). If a disabled person is unable to work, the household loses two sources. Consequently, disabled people can be considered as a drain on resources and may become excluded within the family network (Yeo and Moore, 2003).

3.2   Social exclusion and disability

Many theorists (Yeo and Moore, 2003; Jones and Jansz, 2008; DFID, 2000) state that '**poverty**' **causes disability** by citing the three barriers within the social model of disability (environmental, attitudinal and institutional). **Disability** also **causes** 'poverty': disabled people and their families are put under immense economic strain because people with disabilities are excluded from education and employment. Ninety percent of children with disabilities in developing countries do not attend school and unemployment among disabled people is as high as 80% in some countries (UNESCO, 2006). Poverty, in this context is defined as a lack of income and social exclusion (Yeo and Moore, 2003; DFID, 2000). Figure 2 depicts the disability and poverty cycle.
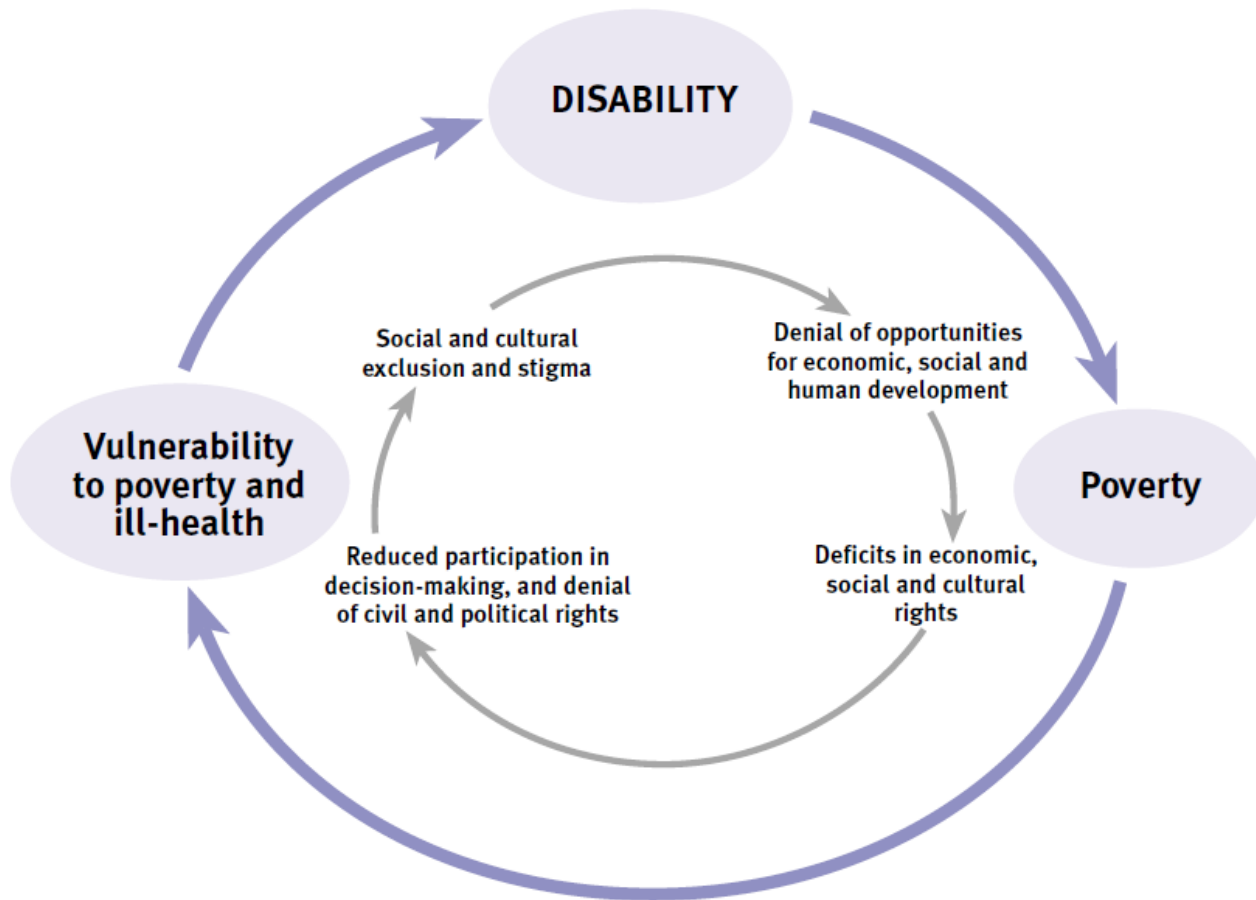
Figure 2   Disability and poverty cycle (DFID, 2000)

Figure 3 (below) builds upon the poverty disability cycle above to show how poverty and exclusion can result in the denial of access to basic services.
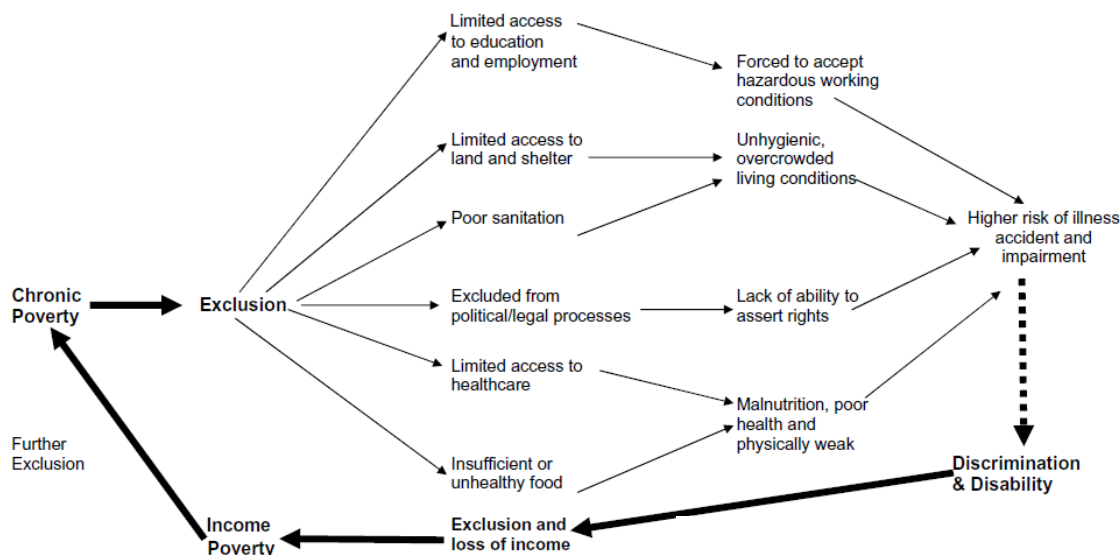
Figure 3   Poverty/disability cycle (Yeo and Moore, 2003)

In reality the situation is much more complicated than depicted above. For example, access to safe water should be included as a basic service, and without access to safe, clean and accessible toilets, diarrhoeal disease is rife. In 2008, an estimated 1.336 million children under five died as a result of diarrhoea; this translates to 3,660 per day (Black et al, 2010). When diarrhoea is not fatal, the prolonged illness can result in 'poor health, cause malnourishment and physically weaken sufferers' (Yeo and Moore, 2008). When sick, people may not be able to work or attend schools which means they may be 'forced to accept hazardous working conditions' (Yeo and Moore, 2008). These aspects can lead to an increased risk of illness and impairment and greater poverty. DFID (2000) estimates that 50% of disabilities are preventable and directly linked to poverty.

With accessible toilets, safe water and effective hygiene practices, diarrhoeal incidences can reduce significantly (WHO, 2009). Therefore, addressing these components can form steps to break the poverty cycle when combined with other development initiatives.

3.3   Conceptual models of disability

The social model of disability recognises that the societal barriers limiting disabled people's participation have three components: environmental, attitudinal and institutional.

Environmental discrimination relates to inaccessible transport and buildings and can be split into natural (distance from toilets and/or open defecation areas and terrain) and infrastructure (narrow entrances to latrines, lack of space, slippery floors and steps) (Jones & Jansz, 2008). With poorly designed toilets, people with physical impairments invariably have to use their hands for support

during defecation in the open, or use unhygienic toilets which can have a negative affect on their health (Tesfu and Magrath, 2006).

Attitudinal discrimination includes negative traditional beliefs linked to a lack of information about the cause of disability. This can lead to low status, harassment and isolation of the disabled person (Tesfu and Magrath, 2006). Dependence on carers and limited social contacts also decrease disabled people's self esteem, so they are less likely to seek employment and attempt to assert their rights.

Institutional discrimination involves discriminatory legislation, policies and strategies; a lack of consultation with disabled people in policy influencing and practice intervention, as well as a lack of information on accessible toilet design options (Jones & Jansz, 2008). Within the social model, 'institutional' relates to organisations' policies and practices.

This perspective has led theorists (Jones & Jansz, 2008; Yeo & Moore, 2003; Hurst, 1999) and the UN Convention on the Rights of Persons with Disabilities (2006) to promote inclusive development as a standard.

3.4 Power relations

Breaking down societal barriers implies creating an environment in which 'power' is redistributed in society, thus creating a more enabling context where disabled people can participate more fully in society. To understand how development intervention can facilitate that change, development managers must understand power relations more clearly.

Mayoux and Johnson (2007) define four types of power relations: **power within, power to, power with and power over.** 'Power within' indicates an awareness of choices, the potential for change and the confidence in one's ability to achieve that change. For example, a disabled person may become aware of inclusive toilet designs; that they need not crawl to reach a toilet if environmental barriers are addressed. If that person then knows who to target to request the inclusive toilet, can transport themselves from the house to the meeting (have the capability) and can appear in public without shame (a functioning), they have the 'power to' direct their own existence. If a group of disabled people who all want inclusive toilets, join together and organise themselves to demand their rights, they have 'power with' each other to achieve change through joint action. Finally, 'power over' represents control over another: without corrective devices, such as a seat over the toilet hole with handrails on the wall to help people to support themselves, a disabled person may be reliant on his or her carer for assistance. An increase in the individual and collective power of disabled people can result in a reduction of 'power over' the disabled people by their carers.

3.5 Disability in the Millennium Development Goals (MDGs)

In 2000, the International Community committed to an agreed set of time bound development targets, the MDGs. They include targets on income poverty, hunger, disease, inadequate shelter, maternal and child mortality, gender inequality and environmental degradation (UNDP, 2000). **The MDGs do not explicitly mention disability.**

Report

Approximately 10% of the world's population live with a disability: this is the world's largest minority (UN, 2006). The World Bank estimates that 20% of the world's poorest people (the definition of 'poorest' is not explained in the publication) are disabled and are regarded as the most disadvantaged within their own communities (UN, 2006). It is likely that the figures are much higher because disability statistics are highly unreliable due to ranging definitions (Jones and Jansz, 2008). When disabled people's existence is unacknowledged in the community, they are not counted in census (Yeo, 2001). Hence disability 'is a hidden face of African poverty' (White, 1999).

This has led DFID (2000) to state that 'given the high proportion of people with disabilities among the poor, it is unlikely that the [MDG] targets can be properly achieved without specific efforts to tackle disability'. This belief is echoed by many others (Yeo and Moore, 2003; Jones and Jansz, 2008; Foley and Chowdhury, 2007; Groce and Bailey, 2010).

Turning to sanitation, the MDG goal seven includes halving the proportion of people without sustainable access to safe drinking water and basic sanitation (UN, 2000). Ten years after the targets were set, 2.6 billion people still do not have a safe place to go to the toilet (WHO and UNICEF, 2010).

In 2006, the UN Convention on the Rights of Persons with Disabilities was opened for signatories and was entered into force in 2008 (UN, 2006). The convention states that all people, regardless of their disability should enjoy all human rights and fundamental freedoms. It also shows how disabled people 'can make valuable contributions to society if given the same opportunities' (UN, 2006).

Within Ethiopia, the third draft of the Ministry of Labour and Social Affairs (MOLSA) National Plan of Action for Inclusion of Persons with Disabilities (MOLSA, 2010) adopts the sentiments of the UN convention. The MOLSA's main activities include rehabilitation (constructing accessible buildings and providing corrective devices such as wheelchairs), capacity development of service providers and awareness raising (JICA, 2002).

3.6   Disability in Ethiopia

In 2002, it was estimated that five million Ethiopians have a disability (MOLSA, 2010); this is considered by some as an underestimate because of disabled people's potential exclusion from censuses (UNICEF, 2009; Tesfu and Magrath, 2006). With 84% of the population living in rural areas (FDRC, 2007) the MOLSA (2010) assumes that the majority of disabled people reside in rural areas where there is a severe lack of public services (eg basic healthcare and education).

Furthermore, **social discrimination is entrenched in cultural beliefs and customs.** For example, there is limited understanding of the cause of polio (this relates to institutional barriers); instead a widely held view is that the affected person has been attacked by *likift*, 'devil spirit' (Tesfu and Magrath, 2006). As a result, many families do not seek medical attention which can exacerbate the condition. Disabled people and their families are also isolated and ostracised from community life because of fear and misunderstanding (attitudinal barriers).

4   Research methodology and design

4.1   Research and methodology

This study starts from the assumptions that:

1   The social model is a useful concept for understanding power relations as exclusion is a socially constructed phenomenon (de Haan, 1998).

2   Engaging end users in project processes can empower them to become 'the movers and the shapers of their own development' (Cornwall, 2003).

4.2   Selection of respondents

Informal telephone interviews were initially conducted with key stakeholders. Primary data was collected over two weeks in Addis Ababa and Butajira town in Ethiopia. During that time 25 individuals were interviewed. As Fana members were the project's target group, the sample was selected from that organisation. Box 3 gives a brief overview of each Fana member interviewed.

Box 3   Informants from Fana

Of the sixty two members in Fana, a group meeting was held with eight informants, all of whom are physically disabled. In depth interviews were conducted with six members. Two informants (a woman and a man) live within the Fana building. They are part of the Fana management committee, participated in the project and manage the toilet and shower facilities. The man is a wheelchair user and the lady uses crutches to aid mobility.

The remaining four informants live more than half a kilometre away from the Fana building. Two young women (under twenty years old) who use wheelchairs and attend school were interviewed.

One physically disabled man who is dependent on the constant care of his sister was interviewed. He is reliant on a third party to transport him so he has not attended school and does not have a source of income. Instead he stays at home, but he has taught himself English, which he speaks to a high standard. The remaining informant uses a wheelchair and is deaf and mute. He does not use sign language and relies on his family to translate for him. His single mother is getting older and is losing her sight so she is dependent on her sons for an income. Five of the six informants earn an income weaving baskets and one lady shines shoes, which is traditionally seen as a 'male profession'.

Report

A **stakeholder analysis** (Roche, 1994) conducted (see Appendix 2) demonstrates that the groups (especially Fana) are not homogenous, and instead include vertical and horizontal power inequalities (Roe, 1998). Hence purposive sampling was conducted: a gender balance, varying levels of confidence (demonstrated by closed body language and limited contribution during the introductory meeting with Fana members), as well as a cross section of ages, impairments and positions within Fana was aimed for to ensure findings represent a cross section of the respondent's power levels. Responses from Fana members contributed to meeting the first, third and forth research objectives.

Two family members who care for disabled people were interviewed separately in order to triangulate findings. **Two non-disabled community members** who use the toilets and showers were interviewed to assess the impact that the project has had on attitudinal barriers within the wider community. Their responses supported the analysis of the first, third and forth research objectives.

Three **WaterAid staff in Ethiopia** were interviewed: two who are directly involved in the project and the third who was not. The aim was to understand their views of the project's strengths and weaknesses and to assess the conceptual model applied in the project.

External organisations based in Ethiopia were interviewed: one which was involved in the project design (Handicap International) and two that have conducted similar interventions in Ethiopia (Leonard Cheshire Foundation and World Vision). Two **Progynist** staff were interviewed to fully understand the project details. Respondents from the external organisations contributed to achieving the third and fifth research objectives.

4.3   Methods applied

The research methodology was designed with four components, detailed in Appendix 1. **Semi-structured interviews** were applied as they are flexible: the researcher can modify questions throughout the process, based on information collected from previous interviews (Woodhouse, 2004). They also allow for a level of trust to be built between the researcher and respondents, which is vital. This would have been harder to achieve through impersonal structured surveys. In order to understand the environmental barriers, first hand **transect walks** with two wheelchair users within the project area and around their homes were conducted.

Survey methods were excluded as prior knowledge of the population and social context was limited due to the fact that I am a privileged, non-disabled Westerner. Questions generated for a structured survey are rigid and open to misinterpretation if they are not understood in a standardised way across all respondents. This would have led to research bias.

Conducting a lengthy focus group discussion with disabled and non-disabled community members would have helped gain an insight into attitudinal barriers. However ethical issues, such as the resource intensive nature of participation as it diverts participants' time away from productive activities were considered. Instead, a brief initial introductory meeting with Fana members was conducted.

Report

Findings from the primary data collection in Ethiopia forms one of five **case studies** analysed. The World Vision case studies are evaluation reports, using the social model as their conceptual framework. The evaluations were conducted by Lorraine Wapling and Ingrid Lewis. Both Lorraine and Ingrid are independent external disability specialists. The third author, Emilienne Sanon works for Action on Disability and Development. The analysis of the case studies contributed to answering the fifth research objective.

4.4   Analytical framework

Data collated through the interviews was summarised within an analytical framework that is adapted from the International Fund for Agricultural Development's (IFAD) evaluation toolkit. The IFAD evaluation manual (IFAD, 2009) allows for consistency in evaluation themes (relevance, effectiveness, efficiency and sustainability) across countries and projects. Other organisations have applied comparable analytical frameworks that focus on similar overall themes (Singru, 2007; Engelhardt, 2008; Carter et al, 2010).

Within this research, IFAD's framework was adapted to only include '**relevance**' and '**effectiveness**'. It also incorporated the three areas of discrimination within the social model of disability. **Environmental, attitudinal and institutional discrimination** was explored in relation to the extent to which the project design is consistent with the needs of the target group (relevance) and the extent to which the intervention has addressed these barriers (effectiveness).

4.5   Recording data

On average, interviews lasted for 60 minutes with regular breaks offered throughout. Interviews were recorded on a **Dictaphone**. To ensure using the technology did not impinge discussions, I completed some interviews without recording proceedings. By comparing the body language and responses of participants, I concluded that there was no obvious difference so recorded all proceeding discussions.

Emerging themes were **coded** throughout the interviews, which were cross referenced with the literature review and followed up in subsequent interviews. This allowed me to explore the perceived interrelationships between the themes (held by myself and the respondents).

4.6   Potential sources of bias

Potential sources of bias and misinterpretation were recognised and factored into the analysis of findings. For example, my presence at an introductory meeting with Fana members inevitably changed group dynamics. Respondents may have tried to cast themselves in a positive light as I am a WaterAid employee. I aimed to minimise this impact by emphasising my neutrality, their anonymity and by asking questions in a slightly different way to a variety of respondents, as well as building rapport through the interaction.

4.7 Validity

Discrepancies and disagreements between the various sources of information were delved into until responses converged. For example, the Fana management committee said that all members regularly use the facilities and that all have a good understanding of inclusive toilet design options. Interviews with a range of respondents contradicted these statements.

In order to address potential concerns surrounding the **generalisability,** the research findings are triangulated with the literature review that draws on evidence-based research from across the globe, as well as different sectors (such as inclusive education and empowering DPOs) (Wapling et al, 2008; Lewis, 2007).

Findings were **disseminated** to WaterAid in Ethiopia and Progynist. A final group meeting with the Fana members to feed back the findings was not conducted, saving members making the arduous journey to the association and paying for a third party to push their wheelchair in some cases.

4.8 Ethical considerations

At the beginning and end of each interview, the research purpose was explained: that participant's responses would remain **confidential** and their **anonymity** assured. All participants gave their **consent.**

I have tried to protect people's identities, unless they explicitly said I could use their photos. At times it is vital to include people's impairment when explaining the specific societal barrier they face as these may differ depending on the impairment. An improved understanding of these aspects is important for ensuring that development intervention increases people's capabilities and functionings.

4.9 Methodology limitations

With more time and a larger team, a wider assessment of the total project would be possible. The team would collect quantitative data from Butajira town and then select the 'unit of analysis' which would include a wider sample of carers and Butajira community members (disabled and non-disabled) (Thomas, 1998). Qualitative methods would then be applied. The evaluation would also include an assessment of the project's efficiency and sustainability.

5   Analysis and findings

The empirical findings and analysis are detailed in this section against each research objective.

5.1   Investigate the impact of disability and social exclusion on a person

5.1.1   Environmental discrimination

General experiences are included in section 3, so the following relates specifically to primary data collected.

All six Fana informants stated that not being able to use a safe, clean and private toilet was degrading, dangerous and extremely arduous. As entrances to the toilets are invariably too narrow for wheelchairs to enter – cubicles are dark and there is no toilet seat or handrails – all respondents who could not walk unaided, used their hands for support or to drag their bodies on the floor to reach the toilet.

Others depend on the forest or fields to provide a certain level of cover when defecating in the open. One female explained the natural barriers she faced, "I used to go to the forest but it was very difficult for me, especially when it is raining and there is mud and thorns."

Forty percent of respondents (67% of the females interviewed) stated that they were ashamed to be seen crawling and how dirty they became. One lady said, "I feel shame because I am not walking like my friends; I am walking by my hands and my feet. And I have new clothes they immediately turn dirty as I walk full time on my hands."

Without a supply of water and soap for hand washing, the health implications are obvious. **These empirical findings support the literature review;** disabled people face environmental discrimination related to natural and infrastructure barriers (Jones & Jansz, 2008).

Box 4   Environmental barriers related to the infrastructure

AB explained that she did not go to the toilet during school time because it is inaccessible and unhygienic, which results in abdominal pain.

"The toilets at school are not clean. I get out of my wheelchair outside and then I am coming on my hands. When I saw some dirt in the toilet I didn't use the toilet – I go back to my class. I feel bad because if was not disabled I could go to the toilet anywhere. It is very painful not to go to the toilet."

Report

5.1.2 Attitudinal discrimination

The empirical findings support the literature review; all respondents disclosed that their families believed their impairment, that developed in early childhood, was caused by an evil spirit, which led to 80% of respondents being treated by traditional doctors in the first instance. Treatment included bathing in holy water and massaging the affected limbs with butter. A lack of proper medical treatment due to limited knowledge about the cause of disability could have worsened the impairment. This supports the poverty disability cycle in Figure 2.

Box 5   Low self esteem

One female informant explains how her low status, isolation and exclusion within the household and community led to low self worth.

"There was a big discrimination by the society and I was staying at home. My family sent my sisters and brothers to school but they are keeping me at home because they are ashamed of me. They don't want to say 'she's my sister', and my dad, he doesn't want to say he has a disabled daughter. When children are playing outside I was not playing with them. I am hiding myself too".

Such social exclusion is a direct result of negative traditional beliefs (attitudinal discrimination) and a lack of information (institutional discrimination) about the cause of disability.

The findings also demonstrate the importance of a strong social network and how this can combat social exclusion. One male informant's family believed his impairment was caused by an evil spirit, but he was not isolated. He is a respected member of the household, so he is included in community life. His mother explained, "Our neighbours have good reaction to him, maybe because they are afraid of his brothers and family – we protect him."

However, this informant was excluded from receiving valuable information regarding access to formal services through Fana due to his impairment which makes him one of the most difficult to communicate with in that group. This demonstrates that there is attitudinal and institutional discrimination within the DPO. This highlights that disabled people are not homogenous; as with all groups there are competing values, interests and power dynamics that can exclude.

5.1.3 Institutional discrimination

The empirical data challenges the literature review in this area: all informants from Fana are aware of their rights (eg right to education and basic healthcare) and those that are independently mobile, educated and confident to voice their opinions in public attend district government meetings to promote the need for accessible infrastructure. One young lady said, "When there is any meeting, I am asking people for accessible things. I have confidence and I say what I want to say."

Report

Findings may have differed if the research was carried out in rural areas where people have less access to information and opportunities than their urban counterparts. For example, AA described moving from the rural to urban areas as "coming from the dark place to the light place" due to her ability to attend school, socialise with friends and gain an income by selling baskets she has weaved. With 84% of Ethiopians living in rural areas (FDRC, 2007) these findings cannot be considered as representative.

5.2   Develop an analytical framework for formative evaluations of inclusive projects

The analytical framework proved to be an **appropriate** method for guiding the semi-structured interviews, as it allowed me to **systematically gather information** against each aspect of social discrimination. Including 'relevance' and 'effectiveness' helped to assess if the intervention is targeted to meet specific needs, and the extent to which the development objectives are realised.

5.3   Critically assess the conceptual model that WaterAid has applied in the Butajira project

Responses from interviews with WaterAid staff demonstrate that employees recognise that disabled people have the same rights as non-disabled people, but in reality WaterAid applied the charity model. This is not uncommon in organisations that are beginning to focus on meeting the needs of disabled people within their development interventions. This is evidenced by the evaluation of World Vision's project in Angola (Wapling et al, 2008).

WaterAid's project was aimed at disabled people and it concentrated on people's impairments rather than addressing the barriers within society. This was in response to the priority placed on addressing those aspects by the informants from Fana during WaterAid's initial research in Ethiopia (Tesfu and Magrath, 2006). This resulted in limited benefits for the target group due to its location in the town, which excludes those residing outside the town centre.

One member of Fana recommended that future projects are situated within wider development initiatives, rather than as stand alone initiatives:

"It's better to construct in an inclusive way because there are so many disabled people living in different Kebeles [neighbourhoods]. Instead of putting toilets in one place, they can use near their home. It would give good awareness for the community."

Report

5.4 Evaluate the extent to which WaterAid's project has assisted disabled people to make the transition from a state of social exclusion to empowerment

5.4.1 Environmental discrimination

The Fana management committee, who live in the Fana building, reported significant benefits due to their close proximity to the facilities. One member explained, "With this [WaterAid] project I feel that I am born again. I use the toilet and shower freely; I am free and I am very happy by this project". However the project did not effectively address the natural barriers as the majority of Fana members.

Three of the six Fana members interviewed live outside Butajira town; one member has to either pay for another person to push him to town, or rely on good will. AC lives two kilometres away and has to travel 40 minutes over rough and hazardous roads in his wheelchair to reach Fana. Consequently these informants' sanitary practices remain unchanged. One continues to rely on his carer and AC defecates in fields behind his home. The map of Butajira town with people's homes marked on it is detailed in Figure 4 on the following page. The images on page 29 show the natural environmental discrimination AC faces when attempting to reach Fana and the field that he visits to relieve himself.

Key:

🟠 AE's home	🔴 Fana	_____	Transect walk route
🟣 AB's home	🟢 AC's home		
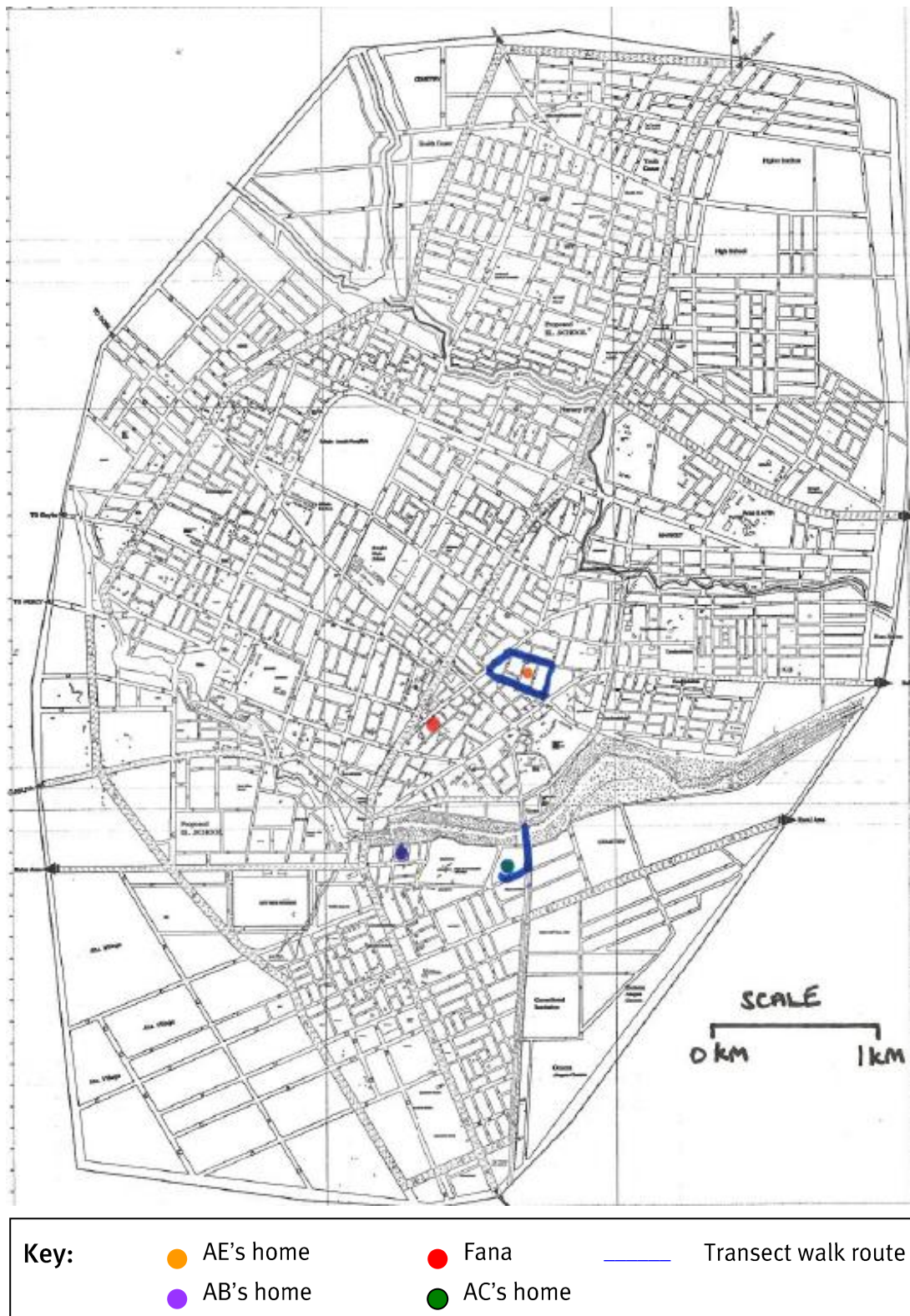
Figure 4   Map of Butajira town

Report

Environmental discrimination continues: The hazardous route from AC's home to Fana.

This photo was taken during a transect walk with AC. This is the field he uses to relieve himself. His mother said, "There are many things that could go into his hands – sharp stones and thorns; there is no alternative. If there is a toilet beside my house it would be better for him."

Environmental barriers in relation to infrastructure also remain (see picture). Alongside the entrance to the Fana building being too narrow, the entrance to the toilets and showers are also too narrow for wheelchair users; the corridors and cubicles are too tight to allow a person to turn with ease and the toilet has no light. One respondent stated that she uses the light on her mobile phone when inside the toilet cubicle whilst also using her hands to balance, which is difficult and dangerous. Therefore the findings reveal that **people's capabilities were not significantly enhanced through the intervention.**

Persisting environmental barriers related to the infrastructure

This photo shows the lack of space to turn and allow a wheelchair user, a disabled person and his carer into the shower cubicle.

AA, who is not photographed explains, "I go to the Fana entrance in my wheelchair and then I go on my hands to the toilet and shower. If it was a bit wider and had handles I would not touch the floor."

Report

5.4.2 Attitudinal discrimination

Interviews with disabled and non-disabled people revealed that when people (regardless of their physical ability) are able to work and be financially independent, they gain respect and their levels of influence within the community increase. Informants believe they are able to generate an income if the 'employment suits their impairment', which shows self esteem and determination (power within).

The shower component of the WaterAid project is bringing in an income as customers are charged for their use by the Fana management committee. Anecdotal evidence demonstrates that their employment has had a positive effect on non-disabled people's attitudes towards them. For example, one non-disabled person commented, "I feel very happy when [disabled people] are working and get money by themselves because they are not begging on the street. That is a big thing and I appreciate them". Therefore **some success in addressing attitudinal barriers can be attributed to the WaterAid project.**

In addition to income generation, education radically improves people's self esteem, as well as non-disabled attitudes towards disabled people. Interacting with peers, making friends and gaining knowledge led to improved self confidence, an awareness of choices and possibility of change (power within). Education was often cited as the driver for appearing in public without shame, which is a valuable functioning.

With education and an ability to earn an income, informants stated that they have the 'power to' direct their own existence; with that came hopes and aspirations for the future. **This demonstrates the value of explicitly including economic issues when aiming to combat social exclusion.**

5.4.3 Institutional discrimination

Institutional discrimination includes limited consultation with disabled people within policy and practice, as well as a lack of information on accessible toilet design options. **WaterAid did not address these aspects effectively within the project.**

WaterAid only involved the Fana management committee in the planning, implementation and management of the project. No informants outside the management committee were aware of inclusive toilet designs. All respondents stated that they would have valued the opportunity to feed into the development intervention. One was highly frustrated by the situation saying, "Only some people are benefiting from that organisation. I was not included in the project; I was not asked about it. Fana did not tell me any information".

With a lack of understanding of the power relations within Fana, **WaterAid** was unable to target its efforts to empower less influential individuals. Instead it **gave the most powerful individuals** (the Fana management committee) **the legitimacy to work on behalf of others (power over).** This is opposite people centred development that rejects trusteeship. The findings support common criticisms of participation which state that it can serve to reinforce the interests of the more influential within a group (Cooke and Kothari, 2001; Hickey and Mohan, 2004).

5.5 Comparing findings from the WaterAid and the World Vision projects

Box 6 provides a brief overview of each of the World Vision projects included in the case study analysis.

Box 6   World Vision's projects

Empowerment of DPOs, World Vision Angola: The project aimed to improve the integration of disabled people into society by raising awareness of their rights. It focused on developing the organisational capacity of DPOs and the national umbrella organisation (Wapling et al, 2008).

A review of World Vision Armenia's Inclusive Education Programme: This programme focuses on developing a network of community centres in existing kindergartens. These centres assess the individual children's needs and develop educational plans, provide training and raise awareness on children's educational rights and develop child centred teaching and learning approaches. World Vision also influences the government to mainstream inclusive education and develops developmental toys and materials. The centre is used by disabled and non-disabled children and parents (Lewis, 2007).

The Equalability Project in Kolda Region, Senegal: The project aimed to promote the inclusion and empowerment of disabled people living in the region. Activities included constructing and equipping an education resource centre for people with hearing impairments, developing the skills of teachers when working with disabled children, advocating for free schooling for disabled children, providing medical care for disabled people and constructing access ramps in schools and health centres (Sanon, 2008).

World Vision Ethiopia case studies: Working with an established DPO, World Vision constructed toilets in Kolfe Keranio, Addis Ababa. Disabled and non-disabled people regularly use the toilets for a small fee. The toilets are managed by the DPO who uses the income for toilet cleaning products. World Vision is also encouraging the government to increase the number of inclusive toilets in the area. The second project is the construction of inclusive toilets in a school in Addis Ababa (Wapling, 2010).

In terms of the findings from the World Vision case studies, there was **limited participation** of disabled people in three of the projects. As with the WaterAid project, this resulted in environmental barriers remaining in the school sanitation project in Addis Ababa (Wapling et al, 2008). In Angola, DPOs involved indicated that there was minimal involvement from the wider disabled community in the design, implementation and monitoring of the project (Wapling et al, 2008). Participants were 'passive recipients of the project rather than partners in the process' and these projects reinforced the charity based approach (Wapling et al, 2008). **This is also true of the WaterAid project.**

In Senegal, **power dynamics** along the lines of impairment types **were not addressed effectively** which led to exclusion of 'minority impairments' within the project (eg deaf, albino, learning

difficulties) (Wapling et al, 2008). This resulted in people with more 'mainstream impairments' participating and benefiting from the intervention. **This is similar to the findings in the WaterAid project** where a deaf and mute informant did not have access to the same level of information as other Fana members.

In Angola the World Vision project incorporated **income generation** as an activity conducted by the DPO (Wapling et al, 2008). This shifted the organisational mandate from being a focal point for lobbying to one of providing services for disabled people. This **led to** confusion over the projects aims and members viewed the DPO as an employer and a means to generate an income. This **increased conflict** within the organisation caused by competition for resources. In WaterAid's project no management training was provided, and there is anecdotal evidence that the Fana management committee is using the income for their benefit. This has increased conflict within the organisation.

Box 7   Effective practices in World Vision projects

In the Armenia inclusive education programme, teaching practices were inclusive and participatory. They involved teachers communicating and playing in ways that non-disabled and disabled children could access and enjoy together. This led to a greater respect for children's voices (not distinguished between disabled and non-disabled) within the project. Consequently, some progress was made towards addressing attitudinal discrimination, though it is recognised that this is a very lengthy process within environments where negative cultural beliefs are entrenched.

In the Kolfe Keranio sanitation project in Addis Ababa, members of the DPO were included in all aspects of the project and the construction of infrastructure was adapted according to their feedback. For example, if a wheelchair user could not turn with ease within a toilet cubicle the room was widened (Lewis, 2007).

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6 Conclusions, implications and recommendations

The following section summarises the key findings and conclusions under each research objective. It finishes by making recommendations on key principles and practices for development managers undertaking inclusive development.

6.1 Investigate the impact of disability and social exclusion on a person

Environmental discrimination within society forces some physically disabled people to crawl on the floor to use a toilet or defecate in the open. This has implications for health and safety and negatively affects people's self esteem. **Attitudinal discrimination** leads to low self confidence and limited ability to assert rights. The findings demonstrate the importance of strong social networks, starting at the household level, education and employment to help combat attitudinal discrimination and social exclusion. The empirical data did not support the findings in the literature review in relation to **institutional discrimination** as respondents were aware of their rights. However, the situation may reflect the urban context rather than the wider situation in Ethiopia where 84% of people live in rural areas (FDRC, 2007). Institutional discrimination within Fana was apparent as one respondent was excluded because of communication difficulties. This demonstrates that disabled people are not homogenous and should not be treated as such.

6.2 Develop an analytical framework for formative evaluations of inclusive projects

The analytical framework proved to be an **appropriate** method for guiding the semi-structured interviews, as it allowed me to **systematically gather information** against each aspect of social discrimination. Including 'relevance' and 'effectiveness' helped to assess if the intervention is targeted to meet specific needs, and the extent to which development objectives are realised.

The analytical framework could be applied by development managers more widely when evaluating inclusive development interventions. With more resources, researchers should incorporate sustainability as an assessment of efficiency and sustainability.

6.3 Critically assess the conceptual model that WaterAid has applied in the Butajira project

The findings show that **WaterAid applied the charity model within its project**. In response to the priority placed on addressing environmental barriers by Fana members in WaterAid's initial research (Tesfu and Magrath, 2006) WaterAid targeted disabled people's impairments and only focused on environmental discrimination rather than wider social barriers. The project's location in Butajira town meant that those living outside the town centre did not benefit.

6.4 Evaluate the extent to which WaterAid's project has assisted disabled people to transition from a state of social exclusion to empowerment

The project did not effectively address the environmental barriers as the Fana building and sanitation infrastructure is not accessible for people using wheelchairs. This means people still crawl to the toilet or use their hands for support within dark cubicles. Nor are natural environmental barriers tackled due to the project site's location in town.

Attribution can be claimed for addressing attitudinal discrimination within the wider community as the project raised awareness of disability issues in relation to accessible facilities. The Fana management committee are also providing a service for non-disabled people; this shows non-disabled people that disabled people are capable of earning an income. When disabled people were asked the key drivers in increasing their self-esteem, all cited education and income generation.

WaterAid did not fully understand the power dynamics within the DPO and gave the most powerful group the legitimacy to act on behalf of the target group. This reinforced power relations and runs counter to the values within people centred development. Information was not shared widely within the DPO, which is demonstrated by a lack of knowledge of inclusive toilet designs outside the management committee. Consequently, institutional discrimination was not effectively addressed.

With reference to the conceptual framework in Figure 1, the findings show that the project has not effectively helped the target group to make the transition from a state of social exclusion to empowerment because all three areas of discrimination were not diminished effectively.

6.5 Identify principles and practices for future work with disabled people by WaterAid and other development organisations

Drawing on the literature review, findings from the empirical research and the analysis of the World Vision case studies, the following recommended principles are formulated.

6.6 Recommended principles

1   **Mainstream inclusive development in all areas of work** rather than targeting intervention to a disabled group as a stand-alone activity. If inclusive toilets will be accessible for all, including disabled people.

2   **Conduct a stakeholder analysis that incorporates an assessment of power, age, gender and impairment during the project planning phase.** Other aspects can be added as appropriate; these can include ethnicity, religion and caste.

3   Recognising that full participation is unrealistic within resource constraints, **'strategic participation' should be invited** (High, 2003). This should span the power dynamics detailed within the stakeholder analysis so that the most socially excluded can input into the implementation process. With a clearer understanding of the power relations, development agencies could then aim to increase specific power relations, thus making 'empowerment' more specific, measurable and achievable.

4   As education has a positive effect on peoples self worth, organisations working in the sanitation sector should **construct inclusive toilets in schools and** work with other organisations to **ensure school buildings are accessible.**

5   **Income generation** is an important aspect of addressing social exclusion, so organisations should integrate this within projects. Organisations should also **provide training on the transparent management of funds.**

6   **Raise awareness of disability issues,** including causes of disability by working with relevant stakeholders (eg government officials, health professionals, teachers and religious leaders) to address societal discrimination.

7   **Facilitate links between DPOs and relevant government ministries** or officials to raise awareness of disability issues and influence the government to incorporate inclusive designs into national construction standards.

8   **Deliver ongoing staff training on the social model** so that intervention does not revert to the charity model.

9   **Apply the analytical framework** developed within this research when conducting formative evaluations of inclusive projects. The analytical framework should be expanded to **incorporate efficiency and sustainability.** An evaluation of WaterAid's project incorporating these themes should be conducted to build on these research findings.

10 **Widely promote learning** to encourage the shift from people centred development focused on participatory village development interventions, to potentially transforming "institutions and values to restore… and redistribute power" (Korten, 1995b).

6.7 Recommendations: from principles to practice

Table 2 (on the following page) demonstrates how the key principles could be put into practice by development organisations in order to achieve more empowering development management outcomes"

Table 1 Putting principles into practice

Power relations	Aim (Mayoux and Johnson, 2007)	Development agencies activities
Power within	Increase confidence and voice	• Conduct strategic participation across the horizontal and vertical power relations of target groups. • Construct accessible toilets; arrange and facilitate meetings between local groups (DPOs, government officials, teachers, religious leaders etc) and facilitate a discussion of disability issues, with the longer-term view of supporting the DPO to lead the process independently.
Power to	Increase skills, knowledge and resources	• Providing training on improved hygiene practices, operation, maintenance and management of facilities; publicise accessible latrine designs. • Conduct meetings in accessible buildings and adapt communication styles (e.g. use sign language) to ensure it is accessible for all.
Power with	Build networks and capacity for coordinated action	• Raise the public's awareness of political processes and procedures to be targeted for change • Support local groups to use the media to raise public awareness of disability issues and the effects of social discrimination. • Facilitate links with other Ethiopian DPOs so activities can be coordinated and their collective voice strengthened.
Power over	Changing attitudes and behaviours of the powerful and changing discriminatory and unequal institutional structures and policies	• Provide continuous training for staff so that the social model is actually applied so staff do not slip back into the charity / medical model. • Support the government to incorporate inclusive toilets into their standardisation of designs. • Integrate disability issues within Information, Education and Communication materials used at schools, clinics, hospitals and at religious events to raise the understanding of the cause of impairments.

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Report

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Report

Appendix 1   Source of data

Component	Method	Source of data
1 Literature review	Coding	Documents and reports.
2 Discussions with key informants	Semi-structured interviews. Participant observation. Transect walks.	Telephone calls and face to face informal meetings. Interviews with internal and external stakeholders (WaterAid, Progynist, Handicap International, Cheshire Foundation, members of Fana).
3 Stakeholder analysis	Semi-structured interviews.	Informants.
4 Case studies	Semi-structured interview. Coding.	1 An evaluation report of World Vision's 'Empowerment of DPO' project (Wapling et al, 2008). 2 A 'Review of World Vision's Inclusive Education Programme' (Lewis, 2007). 3 World Vision's 'Report of the Mid-Term Review of the Equalability project in Kolda Region, Senegal' (Sanon, 2008). 4 'World Vision Ethiopia case studies' (Wapling, 2010).
	Semi-structured interviews. Coding. Participant observation. Transect walks.	The formative evaluation of WaterAid's project in Butajira.

Report

Appendix 2:   Stakeholder analysis

Stakeholder category	Stakeholders	Interests	Resource each brings	Power (in relation to the project)	Potential role in implementing the recommendations
Vulnerable stakeholders	Male Fana management committee	Employment/income generation, WASH, improved visibility and perceived value to the community, independence, disability rights realised and full inclusion.	**+**	**+**	**+**
	Female Fana management committee	Employment/income generation, WASH, improved visibility and perceived value to the community, independence, disability rights realised and full inclusion.	**+**	**+**	**+**
	Physically disabled man (paralysed from neck down)	Employment/income generation to pay for care, improved visibility and perceived value to the community, independence, disability rights realised and full inclusion.	**—** / medium	Medium / **+**	Medium / **+**
	Physically disabled man (paralysed legs, deaf and mute)	Employment/income generation, WASH, improved visibility and perceived value to the community, independence, disability rights realised, full inclusion, to speak for himself (medical model – sign language).	**—**	**—**	**—**

Stakeholder category	Stakeholders	Interests	Resource each brings	Power (in relation to the project)	Potential role in implementing the recommendations
	Disabled woman (paralysed legs) high quality wheelchair user	Employment/income generation, education, WASH, improved visibility and perceived value to the community, independence, disability rights realised and full inclusion.	― / medium	―	―
	Disabled woman (paralysed legs) wheelchair user but dependent on others to push her	Employment/income generation, WASH, improved visibility and perceived value to the community, independence, disability rights realised and full inclusion and mobility.	― / medium	―	―
	Carer – young, single woman providing 24 hour nursing care	Access to, and able to attend school; greater support for the person she cares for; increased time for income generation and free time to socialise and marry.	―	―	―
	Carer – visually impaired, older mother	Greater independence, full inclusion in society (accessible facilities are a priority) and wider employment options for her son; able to meet her basic needs.	―	―	―
	Community member – older, single, poor woman	Continued use of accessible toilets and showers, able to meet her basic needs.	―	―	―

Stakeholder category	Stakeholders	Interests	Resource each brings	Power (in relation to the project)	Potential role in implementing the recommendations
Vulnerable stakeholders	Community member – young, educated man	Access to employment, public goods (water, sanitation and health care)	**+**	**+**	**—**
Powerful stakeholders	Progynist	Poverty reduction in Ethiopia with particular emphasis on marginalised groups. A secure stream of funding.	**+**	Medium / **+**	**+**
	Regional Government	100% access to WASH in the region; ability to meet the needs of their constituents.	**—**	**+**	**—**
	WaterAid in Ethiopia	Sustainable poverty reduction, pro poor and inclusive development activities, 100% access to WASH in target communities and a more enabling environment for efficient and effective WASH in Ethiopia (policy and practice).	**+**	**+**	**+**
	WaterAid	A more enabling environment for efficient and effective WASH at the international level (policy and practice).	**+**	**+**	**—** / medium
	Researcher	Producing an analytical framework that can be applied in WaterAid's work in the future; generating learning to encourage greater inclusion and empowerment of disabled people in WaterAid's work in Ethiopia and beyond.	**—**	Medium	Medium

Other affected stakeholders	Leonard Cheshire Homes (Ethiopia)	Improved lives of disabled people in Ethiopia.	—	Medium	—
	Handicap International (Ethiopia)	Improved rights and lives of disabled people internationally.	**+**	Medium	—
	World Vision (Ethiopia)	Poverty reduction with a specific focus on children.	—	—	—

WaterAid

WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

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