



29/09/2021

Gender Equality and Social Inclusion overview for the WASH sector in Ethiopia

Betelhem Hailegiorgis, Abinet Kebede, Gezahegn Lemecha, Lemessa Mekonta

Executive summery

Gender equality and social inclusion (GESI) is key to sustainable development. It is a key process for ensuring access to resources and services for all. Socially excluded groups have the right to access safe, improved, and affordable WASH facilities in the community and in institutions. Although there is progress in providing access to WASH services for all, women and girls, and persons with disabilities are still disadvantaged.

Persons with disabilities are a diverse group of people living in different contexts and environments. The World Health Organization (WHO) estimates that 18% of the people living in Ethiopia have some type of disability. People that have disabilities face a multitude of social, psychological, environmental, and other challenges.

Gender equality is where the interests, needs and priorities of women and men are considered, recognising their diversity. Women and girls spend a significant amount of time each day fetching drinking water for households. These women and girls collect water while travelling long distances and carrying heavy loads which affects their health.

In Ethiopia, most WASH facilities are built without considering the diversity of the people living in the community and their different needs. When WASH services are inclusive, everyone benefits including people that are often excluded or marginalised. To provide sustainable WASH services in communities and institutions, the full participation of everyone, especially women and persons with disabilities, at every stage of the process (planning, design, implementation, management) is critical. This will facilitate the empowerment of women and people with disabilities.

As an organisation working in the WASH sector, IRC WASH Ethiopia passionately believes in the idea of leaving no one behind and intends to advocate gender equality and social inclusion to all its partners at different levels to ensure that all WASH projects from inception to service delivery are inclusive. In line with this, IRC WASH Ethiopia is planning to develop a GESI Strategy that will be linked to the design of projects and day-to-day functioning of the country office and influencing actors in the WASH sector to do the same.

The objective of this assessment is to contextually assess GESI in the WASH sector by reviewing national policies, strategies, and implementation practices in Ethiopia. This will enable us to understand the opportunities and challenges for embedding GESI strategies in implementation of interventions. In addition, the assessment aims to provide inputs for the development of IRC WASH Ethiopia's country programme GESI Strategy.

Globally, the first declaration that states access to WASH services as a human right is the 1977 Mar del Plata UN Water Conference in Argentina. Since then, several declarations and frameworks have been developed that promote gender equality and social inclusion. The Sustainable Development Goals (SDGs) were adopted by UN member states in 2015 to end poverty, promote peace, share wealth, and protect the planet by 2030. The SDGs give special attention to socially excluded groups to assure that services are delivered to everyone everywhere.

Ethiopia has signed global agreements and frameworks that ensure and promote gender equality and social inclusion. In line with these constitutional and national frameworks, there are different policies and strategies in different sector ministries that promote gender equality and

social inclusion. Ethiopia's Growth and Transformational Plan (GTP I and GTP II) gave special attention to gender equality and social inclusion of vulnerable groups. The SDGs were integrated in GTP II. The Growth and Transformational Plans ended in 2020 and are replaced by Ethiopia's 10 years Perspective Development Plan which gives strategic direction to women's rights, equal representation of women in different economic, social and political platforms, creating conducive environments for women, increasing the benefits of disabled and socially excluded groups by expanding developmental safety net systems, increasing social welfare funding and facilitating employment opportunities and provision of legal protection and support for vulnerable groups (FDRE, 2021). However comprehensive the plans are, there are no platforms or engagement mechanisms to facilitate information access or to ensure engagement of people with disabilities in planning, design, implementation, and management processes.

There are guidelines and strategies for gender and disability in the country at different ministries. There is, however, no specific strategy for gender equality and social inclusion in WASH, except for OWNPN, which is a programme rather than a GESI strategy. Even with the available policies, there is limited coordination between ministries during implementation. In addition, there are no gender or disability disaggregated targets or indicators. There is a gender directorate in all the ministries (education, health, water). However, there is weak collaboration between the ministries around WASH issues. For guidance there are specific instructions for WASH facilities to have a GESI component. There is no link between the gender directorates and there is no way to ensure representation during implementation.

At national level, the focus is mostly on creating an enabling environment, not on implementation. The mandate of implementation lies at a lower level in the government structure, which is not capacitated to carry this out. Understanding and awareness of existing policies, action plans, strategies and guidelines on gender equality and disability inclusion in relation to WASH services decreases as we move down the government structure (national, region, zone, woreda, kebele, community). In addition, there is no uniform understanding and definition of the concept of GESI at the different levels of government which results in differences in implementation and advocacy at these levels.

Main recommendations are providing mandatory requirements for WASH service providers and authorities, reinforcing policies and strategies of GESI, clearly defined roles and responsibilities, and fair allocation of budget for GESI issues at all levels. Disaggregated, measurable monitoring and evaluation indicators and integration of these indicators in planning, data collection and reporting, and clear and uniform understanding of equality and inclusion at all levels of government is vital. Dissemination and institutionalisation of all GESI-related documents at all levels of government is necessary. Ensuring active participation of women and people with disabilities in decision making, design and planning processes will ensure their specific needs are taken into consideration. Advocating and encouraging implementation of GESI-inclusive design, planning and construction is also recommended. Including GESI in WASH checklists will ensure accessibility of community and institutional WASH facilities by everyone. Moreover, by including GESI assessments at the beginning of the master planning development process will guide the realisation of inclusive WASH in communities in the woreda WASH SDG master plans.

Contents

ABBREVIATIONS.....	5
INTRODUCTION	6
Objective of the assessment.....	7
METHODOLOGY	8
FINDINGS AND DISCUSSION	10
National policies and strategies.....	10
Ministry of Water, Irrigation and Energy sector documents	13
Ministry of Health sector documents.....	14
Ministry of Education sector documents	16
GESI in WASH in South Ari woreda	17
CONCLUSION AND RECOMMENDATIONS	20
REFERENCES.....	22
ANNEX 1 GLOBAL DECLARATIONS (DIRECT QUOTES).....	25
ANNEX 2 INTERVIEW QUESTIONS.....	29

Abbreviations

BPA	Beijing Platform for Action
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CLTSH	Community Led Total Sanitation and Hygiene
COWASH	Community-Led Accelerated WASH
CPRW	Convention on the Political Rights of Women
CRPD	Convention on the Rights of Persons with Disabilities
ECDD	Ethiopian Center for Disability and Development
EDHS	Ethiopia Demographic and Health Survey
EMIS	Education Management Information system
ESDP	Education Sector Development Programs
FDRE	Federal Democratic Republic of Ethiopia
FENAPD	Federation of Ethiopian National Associations of Person with Disabilities
GESI	Gender Equality and Social Inclusion
GTP	Growth and Transformation Plan
HAD	Health Development Army
HEW	Health Extension Worker
HH	Household
HSDP	Health Sector Development Plan
HSTP	Health Sector Transformation Plan
KII	Key Informant Interview
MHM	Menstrual Hygiene Management
MoLSA	Ministry of Labour and Social Affairs
OWNP	One WASH National Programme
SDGs	Sustainable Development Goals
SLTSH	School Led Total Sanitation and Hygiene
WASH	Water, Sanitation and Hygiene
WASHCO	WASH Committee
WHO	World Health Organization

Introduction

Gender equality and social inclusion is key to sustainable development. It is a key process for ensuring access to resources and services for all. Socially excluded groups have the right to access safe, improved, and affordable WASH facilities in the community and in institutions. Even though there is progress in providing WASH access for all, women and girls, and persons with disabilities, are still disadvantaged in WASH service provision. There are limited accountability mechanisms for implementation of accessible WASH services for all.

Persons with disabilities are a diverse group of people living in different contexts and environments. The UN convention on the Rights of Persons with Disabilities define persons with a disability as “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with attitudinal, environmental or institutional barriers hinder their full and effective participation in society on an equal basis with others” (UN, 2006), p.4). The World Health Organization (WHO) estimates 18% of people living in Ethiopia have some form of disability (World Health Organization & World Bank, 2011). From these 95% are reported to be living in poverty (MoLSA, 2011). People with a disability have poor access to WASH services and are excluded from decision and planning processes. People with disabilities face a multitude of social, psychological, environmental, and other challenges (KII).

Gender equality is where the interests, needs and priorities of women and men are considered, recognising their diversity. “Gender equality means that the rights, responsibilities and opportunities of individuals will not depend on whether they are born male or female” (UN Women, 2001, p.1). Gender inequalities are mostly because of gender roles at the household level, which are usually the responsibility of females (UN Women, 2014). Women and girls spend a significant amount of time each day fetching drinking water for households. According to the Ethiopia demographic and health survey (EDHS) conducted in 2016, 17% of women in urban areas and 68% of women in rural areas are responsible for collecting water. In addition, the report states that girls under the age of 15 are more likely to fetch water than boys under the age of 15 (EDHS, 2016). These women and girls collect water, travelling long distances and carrying heavy loads every day, which also affects their health.

Women, girls, and persons with a disability (excluded groups) are greatly affected by the lack of safe, improved, and private WASH facilities; they miss school because of it. This is also apparent because there is a lack of Menstrual Hygiene Management (MHM) facilities in most schools. One of the main reasons parents do not allow their daughters to go to school is because there are no separate sanitation facilities for girls (KII).

In Ethiopia, most WASH facilities are built without considering the diversity of the people living in the community and their different needs. Minor and low-cost changes to designs can significantly improve accessibility of WASH services to all including people that are historically marginalised and discriminated (women and people living with a disability). People with a disability have challenges accessing WASH facilities in schools and health care facilities because the design and construction of facilities do not consider people with disabilities (KII). Unfriendly design of WASH facilities and lack of access to appropriate information and knowledge affects women and girls and persons with a disability the most in Ethiopia (MoH, 2016a). The most common challenges are limited knowledge about the policies and strategies, limited awareness of people with a disability, and limited understanding of the needs of people with a disability (KII).

When WASH services are inclusive, everyone benefits including people that had been excluded or marginalised. To provide sustainable WASH services in communities and institutions, involving everyone, especially women and persons with disabilities in every step of the process (planning, design, implementation, management) is critical. When this is done, it will facilitate the empowerment of women and people with disabilities.

As an organisation working in the WASH sector, IRC WASH Ethiopia passionately believes in the idea of leaving no one behind and intends to advocate GESI to all its partners at different levels to ensure that all WASH projects from inception to service delivery are inclusive. In line with this, IRC WASH Ethiopia is planning to develop a Gender Equality and Social Inclusion (GESI) Strategy that will be linked to the design of projects and day-to-day functioning of the country office and to influence actors in the WASH sector to do the same.

This research paper is supported by the Economic and Social Research Council and Department for International Development through the Development Frontiers Research Fund. We would like to acknowledge all staff and associates involved in the process of developing this paper. We are also grateful for all key informants who so kindly contributed their time and insights for this study.

Objective of the assessment

The objective of this assessment is to contextually assess GESI in the WASH sector by reviewing national policies, strategies, and implementation practices. This will enable us to understand the opportunities and challenges to embed GESI strategies in interventions. In addition, the assessment aims to provide inputs for the development of IRC WASH Ethiopia's country programme GESI Strategy. Specific objectives for this assessment include:

- Explore existing supportive policies, legislation, practices, and services related to WASH and social inclusion aspects in Ethiopia
- Review the woreda WASH SDG master plan¹ and identify the gaps in relation to inclusion
- Provide general recommendations and suggestions for a strategy to improve integration of GESI in WASH projects and interventions.

¹ Woreda WASH SDG master plan is a detailed plan for water, sanitation and hygiene in communities and institutions, framed within the targets of the United Nations' Sustainable Development Goal 6 (SDG 6).

Methodology

Both a desk review and primary data collection were used for this assessment. The primary data collection method for this assessment is a literature review and a synthesis of different documents, declarations, policy documents, proclamations, guidelines, strategies, and research papers related to GESI and the WASH sector.

The key documents reviewed include different global and regional declarations and treaties, ratified and accepted by the Government of Ethiopia, the Federal Democratic Republic of Ethiopia constitution, national development plans (GTP I and GTP II, 10 Years' perspective development plan), and policies, strategies, and action plans on development of women, children and youth, and persons with disabilities available in different sector ministries. Detailed reviews of different sector development plans and strategies with a focus on the health, water, and education sectors. Furthermore, different publications, reports and project documents gathered from different websites were reviewed to frame gender equality and social inclusion in the Ethiopian context and elsewhere, with a special emphasis on the WASH sector.

Efforts were also made to collect information at the national and district levels by conducting semi-structured key informant interviews (KII) with different relevant stakeholders. Interviews conducted with government officials and experts at national level include:

- Ministry of Health
- Ministry of Water, Irrigation and Energy
- Ministry of Education
- Ministry of Labour and Social Affairs
- Ministry of Women and Children and Youth Affairs

In addition, key informant interviews were conducted with organisations working with people with a disability and gender issues in the WASH sector. The organisations interviewed include:

- Federation of Ethiopian National Associations of Persons with Disabilities (FENAPD)
- Ethiopian Center for Disability and Development (ECDD)
- Community-Led Accelerated WASH (COWASH)
- WaterAid Ethiopia
- Amref Health Ethiopia

At district level (South Ari woreda), interviews were conducted with:

- Woreda Water, Mines, and Energy Office
- Woreda Health Office
- Woreda Education Office
- Woreda Women and Children Affairs Office

The purpose of the interviews was mainly to understand and learn about GESI processes in their respective organisations during design, planning, implementation, and monitoring. It was also to identify the engagement mechanisms and approaches adopted by the respective institutions,

and key challenges and gaps observed to ensure representation and involvement of different marginalised and vulnerable groups in their intervention areas.

Next to the literature review and key informant interviews, we also looked at woreda WASH SDG master plans from the GESI perspective to assess the percentage of facilities which are gender inclusive and disability inclusive to develop a GESI master checklist as an input to the GESI strategy.

Findings and discussion

Globally, the first declaration that states access to WASH services as a human right is the 1977 Mar del Plata UN Water Conference in Argentina. It states, “All peoples, whatever their stage of development and their social and economic conditions, have the right to have access to drinking water in quantities and of a quality equal to their basic needs” (UN, 1977, p. 66). Since then, several declarations and frameworks have been developed that promote gender equality and social inclusion.

The Sustainable Development Goals (SDGs) were adopted by UN member states in 2015 to end poverty, promote peace, share wealth, and protect the planet by 2030. The SDGs give special attention to socially excluded groups to assure that these services are delivered to everyone everywhere. Goal 5 is about achieving gender equality and empowering all women and girls. Goal 6 is about ensuring availability and sustainable management of water and sanitation for all and states “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations” (UN SDGs, 2016, p 22). The SDGs also suggest the indicators should be disaggregated by income, sex, age, race, ethnicity, migratory status, disability, and geographic location to ensure equality.

Coverage and access to WASH services in Ethiopia differ from region to region. At the community level poor households and minority groups are the most vulnerable. For example, people with a disability, elderly people and people living in pastoral areas and poor households are more likely to lack access to WASH services (KII).

Ethiopia has signed global agreements and frameworks that ensure and promote gender equality and social inclusion. Ethiopia has ratified the Convention on the Political Rights of Women (CPRW) in 1953, and the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1981, the 1990 International Drinking Water Decade, the 1992 Dublin statement, Principle 20 of the 1992 Rio Declaration, principles of the 1995 Beijing Platform for Action (BPA), the Millennium Development Goals of 2000, the 1998 African Charter on Human and People’s rights, the convention on the Rights of Persons with Disabilities (CRPD) in 2006, and the Sustainable Development Goals in 2015. In addition to ratifying them, the Government of Ethiopia has also incorporated components of these agreements in different national documents including the Federal Democratic Republic of Ethiopia (FDRE) Constitution of 1995. A list of global agreements and declarations and their specific takes on gender equality and social inclusion from a social service delivery perspective is found in **Annex 2**.

National policies and strategies

The 1995 Constitution of the FDRE Article 35 is about the rights of women and states that “women have the right to full consultation in the formulation of national development policies, the designing and execution of projects, and particularly in the case of projects affecting the interests of women” (FDRE, 1995, p. 12). Article 41 sub-article 5 states “The State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardians” (FDRE, 1995, p. 15). In addition, Article 90, sub-article 1 states “To the extent the country’s resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security” (FDRE, 1995, p. 33).

In 1993, the National Policy on Women was formulated and resulted in the establishment of a Women's Affairs Office under the prime minister's office and departments in all government structures at national, regional, zone and woreda level. The policy showed the commitment of the government to gender equality. Subsequently, a 2005 proclamation (Proclamation No. 471/2005) that iterates the definition of powers and duties of the executive organs of the FDRE, included the establishment of the Ministry of Women's Affairs. The mandate of the ministry includes preparation of policies, legislations, development programmes and projects for consideration of gender issues (FDRE, 2005).

The ministry developed the National Action Plan for Gender Equality in 2006. The action plan states, "*Disabled women/girls face unfavourable school environment, absence of suitable toilets, school distance, unavailability of disability specific instructional materials, and low qualification of teachers*" (MoWA, 2006, p. 8). With respect to WASH, the action plan has the goal to "*Ensure adequate housing conditions, access to potable water, improved sanitation and fuel to urban and rural women*" (MoWA, 2006, p 16), and "*Provide special social and economic safety and security to poor urban and rural as well as disabled women*" (MoWA, 2006, p. 15). The ministry later became the Ministry of Women, Children, and Youth Affairs through Proclamation 691/2010 (FDRE, 2015). The ministry has gender mainstreaming guidelines that are adopted by all the sector ministries and all the ministries have gender directorates in their respective offices.

In 2012, the Ministry of Finance and Economic Development's Gender Directorate developed a gender responsive budgeting guideline for mainstreaming gender in the budgeting process. The guideline was developed together with the Ministry of Agriculture, Ministry of Education, Ministry of Health, Ministry of Women, Children, and Youth Affairs, Ethio telecom, the National Bank of Ethiopia, and other international organisations. The guideline has specific output and outcome indicators for monitoring gender responsive budgeting; indicators include proportion of households (HHs) with latrine, HHs using HH water treatment and safe storage practices, satisfaction with the water services, average time spent on fetching water per day, access to safe water, incidence of water and sanitation related diseases, proportion of women in the management of water schemes (MoFED, 2012).

Through another initiative by government, Women's, Children's and Youth's Affairs Directorates in all the sector ministries are now a member of the management team of their ministries. This has given the directorates power to influence policy and implementation (UN Women, 2014).

The Proclamation No. 471/2005 also gives mandates to the Ministry of Labour and Social Affairs (MoLSA) to ensure social wellbeing and to create opportunities for people with a disability (FDRE, 2005). In 2006, the UN General Assembly adopted the Convention on the Rights of Persons with Disabilities which Ethiopia ratified in 2010 with the Ministry of Labour and Social Affairs being responsible for implementation. The Convention states "*To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs*" (UN, 2006, p. 21). Subsequently in 2011, the ten-year National Plan of Action of Persons with Disabilities was developed (MoLSA, 2011). However, the plan does not specifically include the WASH sector or mention WASH as priority area.

In addition, the 2009 building proclamation (Proclamation No. 624/2009) states WASH facilities in buildings should be accessible to persons with a disability (specifically people with a physical impairment) (FDRE, 2009). Though stated in different parts of the constitutions and policies,

WASH facilities are not inclusive and do not consider the needs of people with disabilities in most areas; there is a significant discrepancy between policies and implementation (KII).

The Federation of Ethiopian National Associations of Persons with Disabilities (FENAPD) is an organisation established in December 1996 as an umbrella organisation for persons with disabilities in Ethiopia. The Federation works on raising awareness of disability. FENAPD has seven disability member associations (FENAPD, 2021). There are no specific guidelines and strategies in relation to WASH, but there is a gender mainstreaming guideline, and an advocacy and communication strategy to address inclusion issues.

Different non-government and government organisation have initiatives to promote the interests of the disabled and most governmental organisations are expected to address the problems of the disabled. Organisations like ECDD have specific policies in place to give priority to people with a disability in employment, facilitating a conducive working environment, and maintaining a gender balance (KII).

In line with these constitutional and national frameworks, there are different policies and strategies in different sector ministries that promote gender equality and social inclusion. Ethiopia's Growth and Transformational Plan (GTP I and GTP II) gave special attention to gender equality and social inclusion of vulnerable groups. The SDGs were integrated into GTPII.

With respect to gender, the plan states *“equal participation and benefit of women and youth in political, economic and social development through empowering women and youth and creating conducive environment to ensure their full participation in fulfilling their pivotal role in national development and ensuring child rights and wellbeing”* (GTP II, 2016, p. 208).

With respect to social inclusion, the GTP II aims to ensure everyone, including people with a disability, will benefit from social and economic services by including but not limited to ensuring *“the right of people with disabilities to have equal job opportunities; and introduce measures to remove barriers that hinder the activities of people with disabilities in workplace, residential areas, recreation centre, health institutes and other places”* (GTP II, 2016, p. 217).

The pillars for an inclusive approach are recognition, inclusion, and participation. The reality is, however, not in line with these principles. For example, water taps are not convenient for those with a physical impairment, and even if some water points are located close by, they are not accessible because of physical barriers (KII).

The growth and transformation plans ended in 2020 and are replaced by Ethiopia's 10 years Perspective Development Plan which gives strategic direction on women's rights, equal representation of women in different economic, social and political platforms, creating a conducive environment for women, increasing the benefits for the disabled and socially excluded groups by expanding safety net systems, increasing social welfare funding, facilitating employment opportunities, and the provision of legal protection and support for vulnerable groups (FDRE, 2021). However comprehensive these plans may be, there are no platforms or engagement mechanisms to facilitate information access or to ensure engagement of people with a disability in planning, design, implementation, and management processes. Most engagements are not regular and not at all stages of the process; so, this will not result in the desired changes (KII).

The Ministry of Water, Irrigation and Energy, the Ministry of Education, and the Ministry of Health have different policies, strategies, and guidelines for WASH that feature gender equality and social inclusion as cross cutting components. The different documents are detailed below.

Ministry of Water, Irrigation and Energy sector documents

The 2001 Ethiopian Water Sector Policy and Strategy promote the involvement and empowerment of women in every step of the water resource development process. The policy provides the legal basis for active and meaningful participation of all stakeholders, including Water Users Associations (WUAs), the community and particularly women, to play a central role in water resources management activities (MoWR, 2001a). The strategy secures gender mainstreaming in water resources management, planning, and development by giving attention to the role of women in community-based organisations, increasing the involvement of women in water projects, and relieving the burden of fetching and carrying water (MoWR, 2001b). The policies also state that users must pay for water and that there is no subsidy for construction of household latrines. The policy has no social inclusion component as it was developed before Ethiopia ratified the Convention on the Rights of Persons with Disabilities in 2010.

The gender mainstreaming field manual for water supply and sanitation projects was developed in 2005 to operationalise gender mainstreaming in day-to-day operations. There is also a training manual for gender planning in WASH programmes developed in 2017 with a similar purpose.

The Ministry of Water, Irrigation and Energy developed a parallel plan for GTP II focusing on WASH which has 2 goals related to gender:

- Goal 2.3: Empower women in WASHCO management including in decision making and increase their membership by 50% or more.
- Goal 4.1: Train and engage in the sub-sector 4,374 high- and 13,000 medium-level professionals and 510,000 artisans and caretakers and ensure that involvement of women is 25% or more.

Findings from a study conducted by COWASH show that inclusion and women's participation in water management was found not to be at an adequate level and that the guideline suggesting WUAs should ensure that at least 50% of their members are women, is not sufficient to secure inclusion of women in water scheme management (COWASH, n.d.). The guideline for WASHCO establishment states at least 50% of WASHCO members should be women. However, this is only the case in a few places. Women are elected as treasurers because they are considered trustworthy in the community. The probability of finding women as chairperson in WASHCOs is very low, the probability is even lower when we talk about all three leadership positions in WASHCOs (KII).

The One WASH National Programme (phase 2 started in 2018) ensures that gender and social inclusion is mainstreamed in the WASH sector (OWNP, 2018). OWNP gives attention to inclusive WASH and tries to reduce inequalities with respect to access to WASH services in the country and designs appropriate service provision mechanisms that can accommodate the different needs of the beneficiaries in the community and in institutions including MHM, disability access, child friendly taps, urinals, conveniently located handwashing facilities and adequate light and ventilation in latrines (OWNP, 2018).

Improved water and sanitation closer to households has direct and immediate benefits for women and children, reducing the economic burden of fetching and carrying water and the financial burden of diarrhoeal related illnesses (KII). The OOWNP gives emphasis to the needs of people with a disability especially in institutions (schools and health care facilities). The programme document states that “*persons with disabilities should be consulted and should also participate in the planning and implementation of WASH facilities*” (OOWNP, 2018, p. 59). But in reality, there is a gap in implementation as most organisations consider the GESI component in WASH expensive. The rehabilitation and design modifications of non-inclusive WASH facilities are more costly as most facilities are not built with these needs in mind (KII).

The open defecation free (ODF) campaign led by the Ministry of Water, Irrigation and Energy and the Ministry of Health, also known as TSEDU Ethiopia, was launched in 2019. The plan clearly states the need for provision of adequate, private, and gender sensitive sanitary facilities for menstrual hygiene management, including hygienic waste disposal, in institutions and which are accessible for disabled people and children (MoWIE, 2019).

Ministry of Health sector documents

The Ministry of Health’s National Health Policy developed in 1993, states “*comprehensive and integrated primary health care access for all segments of the population*” (MoH, 1993, p. 4), as one of its main objectives. The policy also iterates the need to give attention to health needs of socially excluded groups, including women, children, people with a disability and other marginalised groups. There have been four Health Sector Development Plans (HSDP) and two Health Sector Transformation Plans (HSTP) so far.

HSDP IV (2010- 2015) was developed in parallel with GTP II and includes gender as a cross cutting issue. The Health Extension Programme was launched in 2004. All health extension workers (HEWs) are women and are selected by the community, and trained, recruited, and deployed to support households. From the 16 health extension packages, seven are related to WASH. Through its implementation, the Health Extension Programme recognises the role of women as care providers in the community. HSDP promoted gender equality and empowerment of women, increased health services for women and created equal opportunities for women to participate in social and economic activities (MoH, 2010). Research undertaken in 2018 (Betemariam, Damte, Tesfaye, Fesseha, & Karim, 2017) showed that the implementation of HDAs supported HEWs in improving health care service delivery and better health care behaviours and practices in the community.

The Health Development Army (HDA) was deployed in 2011 to support HEWs in behavioural change and awareness creation activities. HDAs are composed of women who are considered role models in the community and are trained by the HEWs. HDAs work on awareness creation and prevention activities at household and community level with guidance from health extension workers (MoH, 2013).

After HSDP IV ended in 2015, the Health Sector Transformation Plan (HSTP I) was developed giving emphasis to equitable access to quality health services, including health promotion, disease prevention and treatment, rehabilitation and palliative care and giving attention to disadvantaged community members like women, youth, children, and people with disabilities (MoH, 2015). The plan states that Ethiopia is committed to continue to scale up access to essential health care and ensure that all members of society have equal access to essential health services: for example, by reducing physical barriers, distance, price, and socio-cultural barriers

(MoH, 2015). The plan aimed for 82% of households to have improved latrines by 2020 through scaling up of Community Led Total Sanitation and Hygiene (CLTSH) and School Led Total Sanitation and Hygiene (SLTSH), and sanitation marketing.

During these years of development and transformation, the ministry developed a manual and guidelines for provision of services to communities and institutions.

The ministry developed gender and disability mainstreaming manuals in 2013 and 2014 respectively. The manuals have specific instructions on accessibility of sanitation facilities for persons with a disability, privacy and accessibility of WASH facilities to women and girls, and provision of MHM facilities.

The National Hygiene and Environmental Health Strategy was developed in 2016. The strategy promotes “*standards to be developed for different types of facilities at different functions to give access to everyone including those identified as differently-abled, women/girls, elders and so forth*” (MoH, 2016, p. 25). The strategy has components to strengthen the involvement of women in WASH services, a focus on the needs of women and children by constructing sanitation facilities with privacy and MHM facilities and promote the Women Development Armies in addressing hygiene and environmental health issues within the community.

Regarding MHM, there are misperceptions, and the ministry is committed to address the issue. Some of the activities conducted include standardisation of documents (MHM guideline), awareness creation, facilitating access to sanitary pads through local production, working on enabling environment and capacity building activities. In parallel with the national hygiene and environmental health strategy, the ministry also developed a MHM policy and an implementation guideline (KII). The guideline urges for safe water supply and sanitation facilities so that women and girls have access to clean materials to absorb or collect menstrual blood; allow privacy to change sanitary materials (cloths or pads); access to soap and clean water (for bathing, handwashing and washing clothes); and facilities for safely disposing of used materials. Such facilities must also be suitable for girls and women of different ages, health and physical status (disability) in all contexts (school, community, workplace and emergency) (MoH, 2016a).

Low sanitation and hygiene coverage in institutions and at community level, limited behavioural change with respect to sanitation and hygiene, and weak coordination of relevant stakeholders are considered areas of improvement in HSTP II (MoH, 2021).

To make sanitation services accessible to all, the ministry is adopting different approaches. Customised approaches are implemented to address the interest of urban and pastoral communities. In addition to that, in 2020, the ministry revised and put in place a new market-based sanitation guideline to facilitate access to affordable sanitation products. In the new guideline, the ministry plans to introduce sanitation subsidies to facilitate access for poor groups and households.

The plan states that “*Among the major challenges in addressing the gender disparities in health are: limited enforcement of existing laws and policies on the rights of women and girls, and limited capacity among health care workers in designing and implementing gender-responsive health services*” (MoH, 2021, p. 30). In its objective, the plan emphasises the inclusion of all members of the community irrespective of gender, age, economic status, education, or disability. It promotes the idea of leaving no one behind and providing services that address the needs based on socioeconomic, geographic, gender, demographic, and special requirements. Although due

attention has been given to GESI in HSTP II, there are no gender or disability specific monitoring indicators.

At ministry level (Ministry of Health), there is a gender directorate working to improve access to health and WASH facilities. The structure is available at regional, zonal, woreda and kebele level. The Health Extension Programme is a major programme and women have an important role in it. All HEWs are female and the key implementing strategies involve using Women Development Army members for social mobilisation. The grass root structures include HDA, and one to five networks (KII).

The representation of women and involvement of women at the grass root level is very high since all HEWs and HDA members are women. But people with a disability are not adequately represented in different consultations and the implementation of activities. The trend is that in major events like strategic planning processes, people with a disability are consulted through different associations or different NGOs working on disability (KII).

In addition to these the ministry has conducted a review of public and communal toilet design manuals. In reviewing the design, the key points that were considered include convenience for women and people with a disability. The design specifically highlights the basic standards and requirements that should be implemented during construction of WASH facilities in different areas.

Ministry of Education sector documents

In 1994, the Education and Training Policy and Strategy was developed by the Government of Ethiopia that aimed for the development of problem-solving capacity and culture in the content of education, curriculum structure and approach, focusing on the acquisition of scientific knowledge. Since 1997, there have been five education sector development programmes (ESDP) to meet both the Millennium Development Goals and Sustainable Development Goals and they have informed the education and training policies.

Starting from ESDP II (2000–2005), the provision of WASH facilities in schools has been given attention. ESDP II emphasises that clean WASH services and health programmes in schools are critical to create a conducive environment for teaching (MoE, 2000). It also states, “*Special attention shall be paid to increase the participation of the girls and disadvantaged groups through improving the content and structure of the curriculum to fit the special needs*” (MoE, 2000, p. 44).

Similarly, ESDP III (2005–2010) states that addressing the needs of disadvantaged children including girls, and children with special needs is critical. However, WASH in schools was not given priority in this plan.

ESDP IV (2010–2015) had a separate section for addressing WASH in schools, including the need for privacy in latrines, and accessibility for everyone. After Ethiopia adopted the Millennium Development Goals, the Ministries of Education, Health and Water Resources signed an MoU in 2006 for collaboration in planning, implementation, and monitoring of WASH facilities in communities and institutions (MoE, 2010).

ESDP V (2015–2020) also had a separate section for WASH and worked to ensure all schools have drinking water facilities, gender and disability specific sanitation and hygiene facilities, and accessibility to all facilities by everyone, including children with special needs (MoE, 2015). The ministry works on the provision of safe WASH services to reduce the dropout rate of girls.

Studies indicate all students are vulnerable when there are no WASH facilities in schools. However, girls and students with a disability are more vulnerable. In line with this, the National School Water, Sanitation and Hygiene (SWASH) Strategy and Implementation Action Plan was developed in 2017 (MoE, 2017) with a supplementary guideline. The newly revised design guideline addresses issues related to MHM, standard for a ramp, raised seats, space and size of the (door)opening, the need for handrails in the room and a separate MHM room.

The strategy states that the needs of gender, children, and students with a disability should be taken into consideration in infrastructure design. All WASH facilities should ensure safety and privacy, and all schools should have MHM facilities for adolescent girls with washing facilities including soap, cloth lines, sanitary disposal, and a room for resting (MoE, 2017). Following this strategy, the ministry also developed a design and construction manual for WASH facilities in preschools, primary and secondary schools in Ethiopia in 2018 (MoE, 2018). Even though the guideline is in place, lack of accountability is a key challenge as there are no mechanisms in place to make implementers and decision makers accountable in relation to gaps seen during implementation and reporting. *“Schools with committed directors will always perform better in provision and maintenance of WASH facilities in schools”* (KII).

At the ministry level (Ministry of Education), a gender directorate and inclusive education department are working to improve access to education and school environment conditions. Most of these structures are in place up to lower government level i.e., woreda level.

It is assumed that all schools have equal numbers of boys and girls, which creates imbalance in the supply of WASH services. This affects the implementation process because the new strategy has different specifications for toilets for girls and boys (example, 1 toilet for 25 girls and 1 toilet for 50 boys). The strategy considers specific needs for girls with respect to MHM facilities. In addition, there are reporting mechanisms in the Education Management Information system (EMIS), mostly focusing on coverage (access to WASH facilities disaggregated by gender), but they do not give sufficient information (KII).

GESI in WASH in South Ari woreda

South Ari woreda is one of IRC WASH’s focus woredas in Ethiopia. According to the data collected during the development of the South Ari woreda WASH SDG master plan, drinking water coverage ² in the woreda is 20% in rural areas, 42% in urban areas and 22% overall based on JMP standards. The master plan, however, does not have data on accessibility of community water schemes for children and people with a disability. The master plans for WASH in schools and health care facilities do have this data. Due to the low water coverage women and children still travel long distances to collect water, from both protected and unprotected sources. Women are attacked and abused during their long travels (KII).

Water schemes in the woreda are mostly point water systems (shallow wells including hand dug wells fitted with hand pumps) which are not easily operated by women and children. While at the community level collecting water is still believed to be the role of women. There is a guideline at regional and zone level on construction of water schemes. However, there is no water scheme design standard for inclusion of disabled groups at woreda level. As a result, most water schemes

² JMP differentiates between safely-managed services, an improved water source which is located on premises, available when needed, and free from faecal and priority chemical contamination; basic services, an improved water source, provided collection time is not more than 30 minutes roundtrip, including queuing; limited water services, an improved water source for which collection time exceeds 30 minutes roundtrip, including queuing; and unimproved water services, water from an unprotected dug well or unprotected spring or directly from a river, dam, lake, pond, stream, canal or irrigation canal.

are not accessible to people with a disability and not easy to operate for women and children. Water scheme construction by the government is not inclusive, all of the existing GESI inclusive facilities in the woreda are constructed by NGOs.

The woreda uses the Rural Water Scheme Management Associations Standard Manual approved by the Regional Water Bureau. Using this manual, the woreda establishes WASHCOs to manage the schemes. According to the manual, WASHCOs are required to have at least a 50% gender balance in the formation of WASHCOs/WUAs. The Manual also recommends having women in the position of chairperson, treasurer, cash collector, and auditor.

The Women, Children and Youth Affairs Office is mandated to support vulnerable groups in the woreda. The office works with Woreda Police, the Woreda Health Office, Woreda Court, and others to defend those groups against exclusion and violence. There are teams working specifically on GESI, including a gender team, a women's right protection team, a women's capacity building and harmful habits team, and a disability and other social issues team. The office also participates in project handover for health centres, schools, and water schemes. The woreda sector offices all have gender directorates that are linked with the Women, Children and Youth Affairs Office for annual planning.

The woreda's Women, Children and Youth Affairs Office is expected to supervise and make sure that schools and health care facilities have WASH facilities for women, children, and disabled groups. This mostly doesn't include community water schemes. Community latrines, and WASH facilities in schools and health care centres in the woreda are not inclusive, not private and do not have a separate block for women. WASH in health care facilities and schools do not take these groups into consideration during construction. Some institutes only have one latrine for all members. The master plan shows that none of the latrines in schools and health care facilities are disability inclusive.

In planning for WASH in health care facilities, the master plan looked at whether the WASH facilities have privacy, have a dedicated latrine for staff, have at least one sex-separated toilet with MHM facilities, and if latrines are disability inclusive. The data shows that none of the health care centres have MHM facilities and are disability inclusive. More than half had privacy and a latrine dedicated to staff.

School is a place where all social groups come together, and the big challenge is that WASH facilities are not in place. The ones that are there are not constructed taking the needs of women, girls, and children with a disability into account. Also, the school support budget is not enough to cover the needs of female students. In planning for WASH in schools, the master plan looked at number of toilet compartments, privacy of toilets with respect to separate rooms for boys and girls, location of boys' and girls' toilets, and privacy, accessibility for children with a disability, accessibility for younger children, and availability of MHM facilities. The data shows there are separate toilets for boys and girls which have doors facing in opposite directions, but most toilets are not lockable (not private). However, none of the facilities are accessible for children with a disability. There is some kind of distribution of sanitary napkins in all of the schools.

Although not freely available, there are standards (number, height, accessible to younger children, accessible to children with a disability) for school WASH facilities which are mostly applied in NGO implemented projects. For the construction of new school blocks, the needs of

students with a disability can be included (school class, latrine and water supply), but there are no clear criteria on water facilities for the disabled.

The perception and understanding of women equality in the woreda is still limited. There are only four female office heads out of 27 (KII). There is a lack of collaboration between sector offices at expert and leadership level to implement GESI activities in WASH. The WASH steering committee should be responsible for monitoring and mainstreaming gender and disability inclusion during implementation, but the committee meets only for annual reporting and budgeting. There is less attention given by the woreda to support and follow-up of gender equality and social inclusion activities at scheme and/ or kebele level.

There is no document available at woreda level on GESI, but there are zone and regional standards and manuals. High turnover of staff affects the availability of documents in woreda offices. When the ministry develops guidelines, manuals, and strategies there is a dissemination process to different levels of government. However, most documents are kept by individuals and are lost when that person leaves which makes the availability of documents dependent on the person's ability and willingness to share these documents. In addition, documents are mostly written in English and are often not translated into local languages during dissemination, this affects the actual implementation (KII).

Conclusion and Recommendations

There are guidelines and strategies for gender and disability in the country at different ministries. There is, however, no specific strategy for gender equality and social inclusion in WASH, except for the OWNPN, which is a plan rather than a GESI strategy. Even with the policies available, there is limited coordination between ministries during implementation. In addition, there are no gender or disability disaggregated targets or indicators. There is a gender directorate in all of the ministries (education, health, water). However, there is weak collaboration between the ministries on WASH issues. In the guideline there are specific instructions for WASH facilities with a GESI component. There is no link between the gender directorates and there is no way of ensuring proper representation during implementation.

At national level, the focus is mostly on creating an enabling environment, but not on actual implementation. The mandate of implementation lies at the lower level of the government structure, which is not capacitated to achieve this. Understanding and awareness on existing policies, action plans, strategies and guidelines on gender equality and disability inclusion with respect to WASH services decreases as we get lower into the government structure (national, region, zone, woreda, kebele, community). In addition, there is lack of uniform understanding and a definition on the concept of GESI at different levels of government which creates implementation and advocacy differences at these levels.

Accountability

- Providing mandatory requirements for WASH service providers and authorities (putting accountability mechanisms in place) to mainstream GESI in all aspects of WASH planning, design, implementation, use and management
- Reinforcing policies and strategies for GESI in WASH
- Woreda Women, Children and Youth Affairs Office needs to play a pivotal (making sure of actual policy implementation) role beyond attending project inaugurations
- Clearly defined roles and responsibilities (institutional structures and specific indicators)
- Fair allocation of budget for GESI issues at all levels
- Disaggregated, measurable monitoring and evaluation indicators (gender, age, equality, inclusion). Integration of these indicators in planning, data collection and reporting
- Sectoral integration of provision for inclusive WASH facilities.

Understanding and Adaptation

- Definition of “services for all” and general definition for equality, inclusion in WASH at all levels of the government
- Clear and uniform understanding of equality and inclusion at all levels of government
- Training of government officials on inclusiveness, gender, age, health status, disability, mainstreaming etc. This is especially important at woreda and kebele level
- Dissemination and institutionalisation of all GESI related documents at all levels of government
- Revise school WASH design manual to address male to female ratio based on national statistics.

Awareness and participation

- Familiarisation of GESI related policies, strategies and guidelines at all levels of leadership and communities and raising awareness of inclusive WASH
- Ensuring active participation of women and people with a disability in decision making, design and planning processes to make sure their specific needs are taken into consideration
- Making information in the WASH sector available/ accessible and adopted to the needs of all people regardless of health status, disability, age and sex.

Recommendations for GESI strategy

- Advocate and encourage implementation of GESI inclusive design, planning and construction to improve understanding and perception of gender and disability in WASH
- Develop GESI in WASH checklist to ensure accessibility of community and institutional WASH facilities for everyone
- Adopt woreda WASH SDG master plans by including inclusive WASH aspects in community WASH
- Including a GESI assessment at the beginning of a master planning development process
- Support in awareness creation on legislation
- Advocate for putting in place accountability mechanisms to ensure policy implementation.

References

- AU. (1998). African Charter on Human and Peoples' Rights.
- Betemariam, W., Damtew, Z., Tesfaye, C., Fesseha, N., & Karim, A. M. (2017). Effect of Ethiopia's Health Development Army on maternal and newborn health care practices: A multi-level cross-sectional analysis. *Annals of Global Health*, 83(1), 24. <https://doi.org/10.1016/j.aogh.2017.03.051>
- COWASH. (n.d.). *Gender Case Study on WASHCO Performance Learning Note*.
- EDHS. (2016). *Ethiopia Demographic and Health Survey*.
- FDRE. (1995). THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA; proclamation of the constitution of the Federal Democratic Republic of Ethiopia.
- FDRE. (2005). FEDERAL NEGARIT GAZETA OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA; Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia.
- FDRE. (2009). FEDERAL NEGARIT GAZETA OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA; Proclamation No. 624/2009 Ethiopian Building Proclamation.
- FDRE. (2015). FEDERAL NEGARIT GAZETTE OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA; Proclamation No. 916./2015 Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia Proclamation.
- FDRE. (2021). Ethiopia 2030 : The Pathway to Prosperity; Ten Years Perspective Development Plan (2021 – 2030), 1–37. Retrieved from https://phe-ethiopia.org/wp-content/uploads/2021/04/10_year_plan_english_final.pdf
- GTP II. (2016). (GTP II) Growth and Transformation Plan II. National Planning Commission, I(Gtp Ii), 236. Retrieved from http://www.npc.gov.et/web/guest/gtp/-/document_library_display/48Gh/view/58840
- MoE. (2000). THE ETHIOPIA EDUCATION SECTOR DEVELOPMENT PROGRAM.
- MoE. (2010). *Federal Ministry of Education The Federal Democratic Republic of Ethiopia*.
- MoE. (2015). *Federal Ministry of Education Education Sector Development Programme V (ESDP V) The Federal Democratic Republic of Ethiopia*.
- MoE. (2017). *Implementation Action Plan 1 National School Water, Sanitation and Hygiene (SWASH) Strategy and Implementation Action Plan Addis Ababa, Ethiopia Federal Democratic Republic of Ethiopia Ministry of Education*.
- MoE. (2018). *Design and Construction Manual for Water, Sanitation and Hygiene (WASH) Facilities in Preschools, Primary and secondary Schools in Ethiopia DRAFT FINAL*.
- MoFED. (2012). *National Gender Responsive Budgeting Guidelines: For Mainstreaming Gender in the Programme Budget Process MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT (MOFED)*.
- MoH. (1993). HEALTH POLICY OF THE TRANSITIONAL GOVERNMENT OF ETHIOPIA.
- MoH. (2010). *Federal Democratic Republic of Ethiopia, Ministry of Health; Health Sector Development Program Four(HSDP-IV)*.

- MoH. (2013). *Health Sector Gender Mainstreaming Manual Federal Democratic Republic of Ethiopia Ministry of Health.*
- MoH. (2015). *The Federal Democratic Republic of Ethiopia Ministry of Health HSTP Health Sector Transformation Plan.*
- MoH. (2016a). *Federal Democratic Republic Of Ethiopia Ministry of Health Menstrual Hygiene Management in Ethiopia An Intersectional issue: Policy and Implementation Guideline.*
- MoH. (2016b). *Federal Democratic Republic of Ethiopia National Hygiene and Environmental Health Strategy 2016-2020.*
- MoH. (2021). *Health Sector Transformation Plan-II 2020/21-2024/25, 25(June).*
- MoLSA. (2011). *THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA NATIONAL SOCIAL PROTECTION POLICY OF ETHIOPIA FINAL DRAFT MINISTRY OF LABOUR AND SOCIAL AFFAIRS.*
- MoWA. (2006). *NATIONAL ACTION PLAN FOR GENDER EQUALITY (NAP-GE) 2006-2010; MINISTRY OF WOMEN'S AFFAIRS (MOWA).*
- MoWIE. (2019). *THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA ጽዳ-ኢ.ጉረጽባ(TSEDU- Ethiopia) TSEDU-Total Sanitation to End open Defecation and Urination Clean Ethiopia for Healthy Life with Dignity.*
- MoWR. (2001a). *HE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA MINISTRY OF WATER RESOURCES, Ethiopian Water Resources Management Policy T.*
- MoWR. (2001b). *THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA MINISTRY OF WATER RESOURCES ETHIOPIAN WATER SECTOR STRATEGY.*
- OWNP. (2018). *ONE WASH NATIONAL PROGRAMME FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA A Multi-Sectoral SWAp, Phase II program document.*
- UN. (1953). *Convention on the Political Rights of Women. Annual Review of Population Law, 16(March), 124. <https://doi.org/10.4324/9780429050022-14>*
- UN. (1977). *1977 UN water conference. In Report of the United Nations water conference, Mar del Plata, 14-25 March 1977.*
- UN. (1979). *Convention on the elimination of all forms of discrimination against women., 13(1), 5-13. <https://doi.org/10.4324/9780429315497-8>*
- UN. (1989). *Convention on the Rights of the Child.*
- UN. (1992). *International conference on water and the environment; development issues for the 21st century; The Dublin statement and report of the conference, Dublin 1992.*
- UN. (1993). *UNITED NATIONS General Assembly; Declaration on the Elimination of Violence against Women.*
- UN. (1995). *Resolution 1 Beijing Declaration and Platform for Action.*
- UN. (1999). *UNITED NATIONS General Assembly resolution 54/175, The right to development The.*
- UN. (2000). *UNITED NATIONS report on Millennium Development Goals.*

- UN. (2002). *General Comment No. 15: The Right to Water (Arts. 11 and 12 of the Covenant)*.
- UN. (2006). *Convention on the Rights of Persons with Disabilities and Optional Protocol UNITED NATIONS*.
- UN. (2010). *Report of the United Nations Water Conference resolution on the human right to water and sanitation. Treaty Series (Vol. I)*.
- UN. (2011). *Human Rights Council Sixteenth session Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development Resolution adopted by the Human Rights Council* 16/2 The human right to safe dr.*
- UN. (2016). *United Nations resolution on the rights to safe drinking water and sanitation. Treaty Series (Vol. 660)*.
- UN Agenda 21. (1992). *United Nations Conference on Environment & Development; Rio de Janeiro, Brazil, 3 to 14 June 1992*. Retrieved from <http://www.un.org/esa/sustdev/agenda21.htm>.
- UN Human rights. (2010). *Human Rights Council Fifteenth session; Promotion and protection of all human rights, civil political, economic, social and cultural rights, including the right to development*.
- UN SDGs. (2016). *The 2030 Agenda for sustainable development, 12–14*. <https://doi.org/10.1201/b20466-7>
- UN Women. (2001). *1 important concepts underlying gender mainstreaming, 1–2*.
- UN Women. (2014). *Preliminary Gender Profile of Ethiopia*.
- World Health Organization., & World Bank. (2011). *World report on disability*. World Health Organization.

Annex 1 Global declarations (Direct quotes)

March 1977 Mar del Plata UN Water Conference (UN, 1977)

Realizing that the accelerated development and orderly administration of water resources constitute a key factor in efforts to improve the economic and social conditions of mankind, especially in the developing countries, and that it will not be possible to ensure a better quality of life and promote human dignity and happiness unless specific and concerted action is taken to find solutions and to apply them at the national, regional and international levels. All peoples, whatever their stage of development and their social and economic conditions, have the right to have access to drinking water in quantities and of a quality equal to their basic needs.

1953 Convention on political rights of women (UN, 1953)

Recognizes that everyone has the right to take part in the government of his country, directly or indirectly through freely chosen representatives, and has the right to equal access to public service in his country, and desiring to equalize the status of men and women in the enjoyment and exercise of political rights, in accordance with the provisions of the Charter of the United Nations and of the Universal Declaration of Human Rights,

December 1979 Convention on the Elimination of All Forms of Discrimination Against Women, Article 14 (UN, 1979)

States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right: To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications.

UN General Assembly November 1989: Convention on the Rights of the Child (UN, 1989)

States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- To combat disease and malnutrition, including within the framework of primary health care through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution
- To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

January 1992: International Conference on Water and Sustainable Development. Dublin Conference, principle 4 (UN, 1992)

It is vital to recognize first the basic right of all human beings to have access to clean water and sanitation at an affordable price.

June 1992 United Nations Conference on Environment and Development. Rio Summit, Agenda 21 (UN Agenda 21, 1992)

Urges governments to face the status question; give girls equal access to education; reduce the workloads of girls and women; make health-care systems responsive to female needs; open employment and careers to women; and bring women into full participation in social, cultural, and public life.

1993 Declaration on the Elimination of Violence against Women (UN, 1993)

Work to ensure, to the maximum extent feasible in the light of their available resources and, where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counselling, and health and social services, facilities and programs, as well as support structures, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation.

1995 Beijing platform for action (UN, 1995)

- Ensure the availability of and universal access to safe drinking water and sanitation and put in place effective public distribution systems as soon as possible
- Ensure that women's priorities are included in public investment programs for economic infrastructure, such as water and sanitation
- Ensure that clean water is available and accessible to all by the year 2000 and that environmental protection and conservation plans are designed and implemented to restore polluted water systems and rebuild damaged watersheds.

1998 African charter on human and people's rights (AU, 1998)

Every citizen shall have the right of equal access to the public service of his country. Every individual shall have the right to access to public property and services in strict equality of all persons before the law.

December 1999 UN General Assembly Resolution A/Res/54/175 "The Right to Development" (UN, 1999)

Reaffirms that, in the full realization of the right to development, inter alia: The rights to food and clean water are fundamental human rights and their promotion constitutes a moral imperative both for national Governments and for the international community.

Millennium Development Goals, 2000 (UN, 2000)

- Goal 3: Promote gender equality and empower women
- Goal 7, Target 7C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

November 2002 General Comment No. 15. The right to water (UN, 2002)

Water, and adequate water facilities and services, must be within safe physical reach for all sections of the population. Sufficient, safe and acceptable water must be accessible within, or in the immediate vicinity, of each household, educational institution and workplace. All water facilities and services must be of sufficient quality, culturally appropriate and sensitive to gender, life cycle and privacy requirements. Physical security should not be threatened during access to water facilities and services.

December 2006 Convention on the Rights of Persons with Disabilities (UN, 2006)

States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination based on disability and shall take appropriate steps to safeguard and promote the realization of this right, including measures: To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs.

July 2010 UN General Assembly Resolution A/RES/64/292: The human right to water and sanitation (UN, 2010)

Recognizes the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights; Calls upon States and international organizations to provide financial resources, capacity-building, and technology transfer, through international assistance and cooperation, in particular to developing countries, in order to scale up efforts to provide safe, clean, accessible and affordable drinking water and sanitation for all.

September 2010 Human Rights Council Resolution A/HRC/RES/15/9 (UN Human rights, 2010)

Calls upon States: To develop appropriate tools and mechanisms, which may encompass legislation, comprehensive plans and strategies for the sector, including financial ones, to achieve progressively the full realization of human rights obligations related to access to safe drinking water and sanitation, including in currently unserved and underserved areas; To pay particular attention to persons belonging to vulnerable and marginalized groups, including by respecting the principles of non-discrimination and gender equality.

April 2011 Human Rights Council Resolution A/HRC/RES/16/2 The human right to safe drinking water and sanitation (UN, 2011)

To promote the full realization of the human right to safe drinking water and sanitation by, inter alia, continuing to give particular emphasis to practical solutions with regard to its implementation, in particular in the context of country missions, and following the criteria of availability, quality, physical accessibility, affordability and acceptability; To pay particular attention to persons belonging to vulnerable and marginalized groups, including by respecting the principles of non-discrimination and gender equality.

Sustainable Development Goals SDGs, 2015 (UN SDGs, 2016)

- Goal 5: Achieve gender equality and empower all women and girls
- Goal 6: Ensure availability and sustainable management of water and sanitation for all
- Goal 6/2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

February 2016, UN The human rights to safe drinking water and sanitation (UN, 2016)

Calls upon States: To ensure the progressive realization of the human rights to safe drinking water and sanitation for all in a non-discriminatory manner while eliminating inequalities in access, including for individuals belonging to groups at risk and to marginalized groups, on the grounds of race, gender, age, disability, ethnicity, culture, religion and national or social origin or

on any other grounds, with a view to progressively eliminating inequalities based on factors such as rural-urban disparities, residence in a slum, income levels and other relevant considerations.

Annex 2 Interview questions

We arranged this interview to discuss and share information about GESI (Gender Equality and Social Inclusion) and WASH within the context of your organization. Any information you are providing is confidential. We will use the information you provide for developing the report anonymously.

General information

1. Name:
2. Contact information:
3. Organization:
4. Position:
5. Responsibility:

Questions to all interviewees

1. What do you mean when you say GESI in WASH in Ethiopian context?
2. In your opinion, how do WASH challenges affect different members of the community? Who do you think is more vulnerable to these challenges?
3. Are there any marginalized or socially excluded groups in the WASH sector of the country? If so, how are they excluded (with respect to planning, access, service, opportunity)?
4. At what stage of WASH project implementation should GESI be included (planning, study, design, construction, or post construction management)?
5. In your opinion what are the main challenges in incorporating GESI in WASH activities and services? Do you think GESI can be integrated into WASH activities easily?
6. At organizational level, are there policies, strategies, implementation framework or guidelines in place to promote GESI? If so, what are these? (This could be with respect to budgeting, monitoring and mainstreaming GESI). How do you see its implementation in your organization?
7. Do you believe the strategies and framework address GESI issues properly? If yes, how? If no, why? What are the gaps?
8. What is the level of engagement or participation of women and other vulnerable groups in WASH service delivery processes (Planning, study, designing and implementation, management, etc.)? (For example, please tell us how those groups were involved in the most recent 10-year development plan planning process)
9. In your organization, what is taken into consideration related to GESI during planning, study, design, construction, implementation, and post construction management of WASH interventions? (Specific practices or examples)
10. Does your organization have an organizational structure that promotes the inclusion of women and other marginalized groups? If yes, how?
11. How well are women and other vulnerable groups represented in the organizational structures responsible for WASH? Are there any specific policies on representation?
12. Does your organization include gender transformative issues (interventions that aim to break social norms related to gender such as patriarchal relations, to avoid discrimination of women, elderly, youth, etc. in its annual work plan? (Would you please provide us with some examples)
13. What are the major GESI indicators that are reported by your organization for decision making or policy input specific to WASH interventions? (Disaggregated by gender, age, and disability)

14. Are there any specific activities that address MHM needs of women and girls? How are they addresses and captured?
15. How do you assess the commitment of your organization and other key stakeholders to address GESI in WASH implementation and service provision?
16. What are your recommendations to improve the practice of GESI related to WASH activities?

Questions specific to woreda

What are the challenges of women, girls and other vulnerable social groups with respect to use and access to WASH facilities in your woreda?

1. Whom do you consult for WASH project implementation at community and institutional levels? Why?
2. How do you reach/ identify the poorest households, vulnerable groups, individuals living with disabilities during implementation (study, design, construction & management) of WASH activities?
3. Does your organization have a means to ensure WASH facilities are designed so that they can be used and accessed by everyone including women, children, elderly, and people with disabilities?
 - How are women and socially excluded groups represented in operation and management of WASH facilities?
 - What is the gender balance of WASHCOs/WUAs members in the woreda? How is this decided?
 - What are the most common roles and responsibilities of women in WAHSCOs/WUAs?
4. Does the woreda have a platform to listen to concerns of excluded and marginalized groups?
5. How do you monitor GESI during WASH implementation activities?

Questions specific to NGOs

1. Do you have an organizational policy on GESI? What does it address?
2. How do you monitor GESI during WASH implementation activities?
3. How do you reach the poorest households, vulnerable groups, individuals living with disabilities during implementation of WASH activities?
4. Does your organization have a means to ensure WASH facilities are designed so that they can be used and accessed by everyone including women, children, elderly and people with disabilities?
5. What are the most common challenges you encounter in ensuring inclusiveness in WASH project implementation? What do you suggest to overcomes these challenges?

Visiting address:

Golagul Towers Building

Bole sub-city

Woreda 4

House No. 275/276

Addis Ababa

Ethiopia

ethiopia@ircwash.org

[www.ircwash.org /ethiopia](http://www.ircwash.org/ethiopia)