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**ENSURING AVAILABILITY AND SUSTAINABLE MANAGEMENT  
OF WATER AND SANITATION FOR ALL**

**Creating environments to support participation  
of people with disabilities in public service delivery**

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*The participation of people with disabilities in WASH processes is central to disability inclusive WASH programming. Creating an enabling environment for people with disabilities to claim their rights is key to meaningful participation in community processes and public service delivery. There are few published accounts of the contribution that WASH projects can make to institutionalising disability inclusion in local public service governance and delivery. This paper provides an overview of the key assessment and implementation activities and preliminary outcomes of an urban/peri-urban WASH project in Zimbabwe which is seeking to contribute sustainable improvements in the lives of people with disabilities through enabling citizen action. Constraints in this context are discussed and lessons for WASH actors seeking to achieve inclusive WASH are presented.*

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## **Background**

The need for effective disability inclusion in WASH programming has been established in the literature (Groce et al 2011). The World Report on Disability (WHO & World Bank 2011) identified that people with disabilities have poorer health and social outcomes, including poorer access to WASH due to various physical, attitudinal, communication, and institutional barriers. People with disabilities, especially women and girls, are disproportionately affected by poor access to WASH (*ibid* 2011). The Sustainable Development Goals (SDGs) reflect greater international emphasis on achieving disability inclusion and equity in WASH and the Convention on the Rights of Persons with Disabilities (CRPD) sets out the principles by which disability inclusion should be achieved (UN 2007). To inform practice on inclusive WASH there is a need to examine how disability inclusion is being applied in different contexts. This paper will describe the application in a Project by World Vision Australia (WVA) and World Vision Zimbabwe (WVZ) under the Civil Society Fund 2 Water and Sanitation Project (2014-2018) supported by Australian government aid.

This Project comprises a peri-urban community, Robert Sinyoka, and two urban communities, Gwanda and Cowdray Park. The latter two communities were formed in the context of the 2005 State order (Murambatsvina), whereby informal settlements in Bulawayo City and Gwanda Town were removed and residents displaced. The resettlement of residents saw thousands of people without basic services as local Municipal bodies, Bulawayo City Council (BCC) and Municipality of Gwanda (MoG), grappled to meet the needs without sufficient resources. According to the project baseline survey, in 2015 Cowdray Park had an Open Defecation (OD) rate of 29% and Gwanda had 49% OD, both representing a significant health risk in what is rapidly becoming a high density urban settlement.

While the Government of Zimbabwe ratified the CRPD and its Optional Protocol in 2013, it also recognises that people with disabilities continue to face exclusion, including to WASH. A national disability survey found that people with disabilities faced disadvantage across all community domains (e.g. education, health, social participation, community and household decision making, and environmental accessibility). People with disabilities were much more likely to report having had or being chronically ill during the previous 12 months than people without disabilities (30.2% and 7.2% respectively) (MoHCC 2013). In recognition of inequity in access to WASH for people with disabilities, the Project has as an essential

component a focus on institutionalizing mechanisms for disability inclusion. From the outset, the project design included in its key delivery partnerships the Federation of Organisations of Disabled People in Zimbabwe (FODPZ) and CBM Australia. Whilst Project interventions vary across sites, they generally comprise of working with municipalities to improve inclusive water and sewer infrastructure for households, schools and public locations, and to promote improved inclusive hygiene practices.

## **Building disability inclusion into the project design**

### **Partnership with disabled people's organisations**

“*Nothing about us without us*” is the international catch-cry of Disabled People’s Organisations (DPOs), referring to the need to ensure that people with disabilities have equal opportunity to participate from and benefit in processes which affect them. The Project partners committed to including gender and social inclusion components across the program cycle. WVZ formalised this commitment through signing an MOU with FODPZ which fostered trust among persons with disabilities. As is often the case, the DPO’s offices are urban-based and their reach into the project areas inhibited by a lack of resources. Through building logistical support to DPOs into the project design WVZ was able to facilitate contact between DPOs and community members, integral for providing role models, sharing of skills and knowledge in raising awareness on disability inclusion and advocacy. In addition, sufficient funds were made available to ensure that DPO consultants would be remunerated for sharing their knowledge and experience to the Project. CBM Australia, engaged as a Project partner from inception, provided technical support for inclusive WASH.

### **Citizen voice and action**

World Vision includes Citizen Voice and Action (CVA) methodology for community level advocacy in its program approach (WorldVision 2012). This approach provides a useful conceptual foundation on which to build disability inclusion, recognising the role WASH projects can have in raising awareness of disability issues as well as contributing to broader empowerment for civic engagement. A key aspect of CVA is mobilising communities to have a voice, and creating options for citizens to engage with government, in order to have a meaningful influence over local public service delivery. This includes bridging citizens’ understanding of how governments, their budgets, and local public service delivery operate and exploring options for change, and equipping citizens with a peaceful, purposeful, and persistent advocacy (Walker 2009). CVA influenced the actions selected for disability inclusion in the Project.

## **Actions towards disability inclusion in the WASH project**

### **Inclusive baseline assessments informing design**

The Project’s baseline data was collected by household survey and key informant interviews (KIIs) during October and November 2014, with additional qualitative information on disability collected using focus group discussions, accessibility audits, in-depth interviews, and KII, between February and May 2015. The audit activities involved adapting available tools (developed by WEDC), and using them to guide a barrier analysis of existing infrastructure. The Washington City Group Short Set of questions was included in the baseline household survey – this is the internationally accepted best practice survey tool for identifying disability using a proxy of functional difficulties in Census surveys, but is increasingly being used in program level surveys. The baseline data suggests that at least 11% of households in Cowdray Park and 6% in Gwanda have members with a disability (based on a randomised cluster sampling method). There was no significant difference between access to sanitation for households with a member with disabilities with those with no members with disabilities.

People with disabilities were included in all stages of the baseline assessments, including as enumerators for the household survey and qualitative data collection, as well as trainers of other enumerators on disability inclusion.

The findings from the baseline activities were:

- BCC and MoG were subject to laws mandating accessible public places, but had no local policies or strategies nor the necessary awareness to support implementation of disability inclusion. DPOs had not been actively engaged to work with either BCC or MoH on their WASH programs.

- Some of the barriers to WASH services for people with disabilities identified at the community level included: long distances over rough terrain from houses to public water sources; inaccessible public buildings; a lack of participation in community meetings both due to difficulty accessing the meeting and not feeling like their contributions were heard; lack of accessible and affordable transport; an absence of accessible or any latrines; and negative attitudes from community members and transport operators, with evidence of indirect and direct discrimination on the basis of disability.
- Housing officers did not have a registration process for people with disabilities, and it was widely reported that many people with disabilities did not register at the Department of Social Services.
- The predominant belief system around disability associated it with incapacity and inability to contribute to communities.

The outcomes of the baseline process were:

- The central role that people with disabilities played in data collection within the baseline had a two-fold affect – firstly, that people with disabilities had the opportunity to build their skills in research methods; secondly it also increased their social status in their community through providing an opportunity to carry out a meaningful duty and thus demonstrate their capacities. One enumerator with disability from the project area reported: *“They think I am an important man now, they value my opinion”*.
- All enumerators were paid for their services, and one spent his earnings on having an accessible latrine built at his home, which he shares with other neighbours who have disabilities.
- The baseline consultant also reflected that incorporating people with disabilities as enumerators and team members for the baseline was highly effective at ensuring disability was considered at all stages, and introduced first-hand understanding of disability into the baseline team; and
- The accessibility audit carried out at public buildings (including schools and the Council offices themselves) contributed to the MoG and a number of Schools making changes to their infrastructure to improve accessibility.

### **Mobilising communities for citizen action which addresses social exclusion**

One of the important goals of the project was to assist Community Health Workers to establish Community Health Clubs that could distribute health and hygiene information and carry out projects in their communities. The baseline assessment indicated that people with disabilities had limited participation in community gatherings, including the newly forming Community Health Clubs, due to physical inaccessibility as well as attitudinal barriers. A number of people reported that people with disabilities, particularly children with disabilities, are often still hidden away in households. In addition, some people with disabilities reported that they felt they had not achieved anything by attending community meetings and that development organisations in the past often *“took our details [people with disabilities], but we never saw them again.”* Most respondents reported that people with disabilities have a lower social status within their communities. Using this information, the project team identified a need to improve engagement with people with disabilities and reframe the goal of participation, through its community mobilisation activities.

Firstly, they used an existing network of volunteer home-based carers, as well as people with disabilities identified using social services records, and from these groups recruited people with an interest in learning about gender and social inclusion from sub-community in the project areas. The volunteers became known as Gender Equity and Social Inclusion (GESI) champions and they received training on disability inclusion. Their role included identifying people with disabilities and conducting a basic needs assessment in their sub-community; creating community disability awareness through participation in community roadshows; supporting participation of people with disabilities by ensuring that they are invited to and encouraged to attend meetings, receiving information to distribute later if they cannot attend; testing and advocating for accessibility of infrastructure within and outside of the WASH project.

Secondly, a workshop facilitated by FODPZ, was conducted for people with disabilities on their rights and advocacy and included 190 people (170 with disabilities) from the project areas.

The initial outcomes of these actions are:

- 80 people with disabilities signed up for participation in the Community Health Clubs and participants indicated they had a better appreciation for involvement in community meetings, and
- After the roadshows, GESI champions independently carried out awareness raising including approaching: a school to address children at assembly, local businesses, health clinics, and church leaders to address service accessibility. Inclusion of both people with and without disabilities is showing signs of fostering improved relationships among community members: *“Before this project started, I used to look at disabled people as though they could do nothing, but now after working with*

them in the health clubs I realize that they can actually contribute an idea that I would never have thought about” (Woman without disability).

### Using information to influence stakeholders

*Local data on people with disabilities was used to raise awareness on their rights at all levels of the public service delivery system.* The first process involved a 2 day workshop targeting local policy makers and community leaders. Following this, disability inclusion sessions have been incorporated into each of the WASH training packages for environmental health workers, school development committees, school health masters, religious and traditional leaders, and community health workers. All of the training sessions focus on understanding disability as it is articulated in the CRPD including universal design principles, include DPOs as facilitators when they are available, and explain the principles of disability inclusion using examples of local barriers and enablers drawn from the disability assessment.

The initial outcomes of these actions are:

- Both Municipal bodies are now requesting support to develop whole of Council Disability Policy;
- BCC has held one workshop with DPOs and Council staff together to develop the Disability policy;
- BCC and MoG requested, and so far BCC has received basic sign language training for front line staff (i.e. help centre, receptionists, housing officers, payment clerks and social services officers); and
- Some schools have initiated accessibility features for classrooms as well as for WASH facilities.



**Photograph 1. Enumerators with disability collecting household survey information**



**Photograph 2. FODPZ providing advocacy training for people with disabilities**

### Creating opportunities for dialogue between key stakeholders and emphasising joint decision making

A series of actions were taken to increase opportunity for people with disabilities to have a seat alongside people without disabilities in decision making throughout the project with a view to building sustainable mechanisms for dialogue. In addition to attending workshops together, there was intentional inclusion of men and women with disabilities in governance structures including Participatory Health and Hygiene Education (PHHE) and Gender and Social Inclusion thematic groups, and in project steering committees.

The outcomes of these actions are:

- FODPZ has facilitated development of Information, Education and Communication (IEC) materials in a range of formats to support accessibility (i.e. large print, Braille, picture, audio);
- BCC and MoG have gone on to engage the GESI Champions on additional consultations outside of the WASH program, including on development of a by-law for the City of Bulawayo. This suggests that both the members and FODPZ representatives have credibility with the municipalities and, in turn, the municipalities have shown a greater awareness of the need to consult directly with people with disabilities. The Gender Focal Person for BCC reported of the GESI Champions: “... *they are our arms and eyes into the communities;*”
- The MoG have included a Disability Focal Point who has a disability into their project steering committee, as well as renovating their council office building to provide physical accessibility, and

- People with disabilities have been included in monitoring the construction of public toilets and providing advice on accessibility to engineers.

## **Constraints**

### **Absence of disability-specific programs**

A major barrier identified by people with disabilities in accessing WASH was a lack of assistive devices and a lack of disability-specific programs. In order to overcome this barrier, meetings with a neighbouring community-based rehabilitation (CBR) program have commenced and points of common mission identified, which hold promise for building collaboration and sharing of resources across project areas.

### **Sustainability of community leaders**

Common to programs reliant on long term volunteerism, there is a risk of “volunteer burnout” for GESI champions. However, non-financial incentives, including the opportunity to gain recognition and elevation in the eyes of the community, such as identifying t-shirts and hats have helped bring recognition that elevates them in the eyes of the community. In addition, support for livelihoods development for this group has also been introduced. Sustainability will need to be monitored closely going forward.

### **Including the most marginalised**

There is a need to further address the particular prejudices held against people with psychosocial and intellectual disabilities. A lack of community mental health programs, inclusion in community based rehabilitation programs, and DPOs representing these groups are contributing factors to poor awareness and acceptance. The data collected by GESI champs has allowed households with members with psychosocial or intellectual disabilities to be identified, and follow-up support to record their needs and begin building their and their families’ voice is a focus in the next phase of the Project.

### **Organisational change**

Although World Vision Zimbabwe has been carrying out disability activities as part of its programming for some time, a comprehensive approach to disability inclusion across the program cycle is new. During the baseline assessment it became apparent that the human resources required to coordinate relationships with DPOs, integrate new approaches, and train other staff would require additional time and leadership. WVA and WVZ created a GESI position for the project in its initial stages, with the view to expand it across WVZ. The role of the GESI Facilitator has been instrumental in building WVZ systems and processes for inclusion and providing a local source of technical knowledge which BCC and MoG is drawing from.

### **Timing of project activities**

Some infrastructure was built before sufficient training on universal design principles was delivered to all engineers in the Project, resulting in the need for some refurbishment. Consistent technical oversight of public works is required to ensure universal design principles are incorporated and that training is comprehensive and prioritised during the inception phase.

### **Household-level data collection**

Only inter-household information was collected during the baseline survey due to perceived time constraints. This means that data collection may have precluded differences between household members with and without disabilities. To overcome this, targeted qualitative data collection was used to analyse some intra-household information and awareness raising provided to evaluation team. In the Project mid-term evaluation it is intended that an additional survey tool will now be trialled for inclusion.

## **Lessons learnt**

- People with disabilities have been included in monitoring the construction of public toilets and providing advice on accessibility to engineers. Organisations incorporating disability inclusion for the first time may benefit from resourcing a dedicated local position.
- Building on existing networks in communities to develop advocacy groups for people with and without disabilities on GESI can have multiple benefits for participants, as well as for lasting community awareness raising.

- Community mobilisation activities for citizen action should include specific activities addressing social exclusion of people with disabilities. This could consist of peer training by people with disabilities on their rights, and advocacy activities to enable improved participation in community gatherings.
- Partnerships between WASH and disability programs are required in order for people to obtain the necessary practical supports specific to their impairment, e.g. assistive equipment.
- Fundamental to sustainable disability inclusion is forging lasting relationships and mechanisms for dialogue between DPOs and Municipal bodies, which can trigger inclusion actions beyond the WASH Project.

## Conclusion

Civil Society-Municipality partnerships for WASH development offer important opportunities to not only ensure WASH is inclusive of people with disabilities, but to improve outcomes for people with disabilities in other community domains. Through creating an enabling environment that engages engineers, operators, public health workers, and schools, as well as institutional processes and management bodies, this can lead to inclusive actions that show promise for enduring beyond the life of the project. This project's actions and preliminary outcomes provide some lessons for others seeking to address inclusion activities which transform civil societies and institutions.

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