

Case study: Village Water and disability mainstreaming

Introduction

Disability inclusive development is essential to the reduction of poverty and the delivery of the Sustainable Development Goals. All those in receipt of FCDO funding through UK Aid Direct and UK Aid Match grants are expected to be mainstreaming disability inclusion across their project cycle to ensure that they are contributing to this issue through their work. This means that considerations of disability inclusion should be built across the project design and implementation of activities, how different groups are consulted and able to share their perspectives on the project, how results are measured and how the project responds and adapts to learning from this.

This case study showcases how one grant holder has mainstreamed strong disability-inclusive practices into their project, from its design and implementation, to how the project has learnt and adapted over time.

About the project

[Village Water](#) aims to improve health and well-being for peri-urban communities in Zambia by improving water, sanitation, and hygiene (WASH) access and practices to reduce waterborne diseases. Improved WASH access and practices in the targeted communities include water quality testing and household water treatment, building, repairing or upgrading latrines with a specific focus on disability friendly, safe facilities, emptying of latrines by trained, equipped community-based enterprises including safe disposal of faecal matter off-site and improving hygiene knowledge and practices throughout a household and school level.

Why is addressing disability inclusion important to the project?

People with disabilities are often excluded from decision-making on WASH and have poorer access than other people in the community to adequate water, sanitation and hygiene services. The project used learnings from the Zambia Federation of Disability Organisations' (ZAFOD) study which found that people with disabilities lacked the platforms and support to engage with and advocate for their rights, dignity and greater access to disability-friendly sanitation facilities, and long-term inclusion in strategic planning.

The project has made disability inclusion a key consideration throughout design and implementation. The project identifies people with disabilities using the Washington Group

Questions (WGQ) on functioning¹ during home visits by volunteer community health workers. This helps the project understand and address their needs and additional vulnerabilities in relation to WASH practices and access to clean water and sanitation.

The project tries to facilitate active participation and empowerment in all stages of the project cycle. Learnings from a ZAFOD disability audit at project design stage helped determine the numbers of people with disabilities and the households where disability-accessible facilities were required. Community health workers were trained in disability awareness and understanding with training led by a lecturer from the University of Zambia.

Working with local partners and clinic staff, Village Water developed feedback mechanisms to ensure that the concerns of people with disabilities are identified and addressed by service providers and local community development structures including ward development committees.

These initiatives have ensured that there is active engagement and empowerment of people with disabilities within the project implementation and monitoring and evaluation.

How has the project ensured disability inclusion is integrated through project design into its learning and adaptation?

The project approach is to empower individuals and communities to understand their rights to access safe WASH provision whilst offering repeat door-to-door visits at home and at schools to support the understanding of links between preventable waterborne diseases, poor hygiene and sanitation. Home visits ensure that adults and children with disabilities who are isolated at home, not attending school or other community organisations, can be reached. Door-to-door visits where volunteer health workers administer household surveys to monitor changes in WASH behaviours are used extensively in the project. Sensitising the volunteer health workers to disability inclusion and training them to ask WGQ during a sample of household visits has helped to identify people with disabilities and enable the project to be more responsive to their needs.

Feedback from the volunteer health workers highlighted that this was the first time such elements on disability inclusion had been included in training and 'gave a much greater understanding of how to work [with] and understand people with disabilities and their particular WASH needs'² within the target communities. Several output indicators are disaggregated for children and adults with disabilities which helps to monitor equitable access to WASH.

¹ The [Washington Group Questions Short Set](#) asks if a person has 'no difficulty', 'some difficulty', 'a lot of difficulty' or 'cannot do at all' in six domains of functioning: vision, hearing, mobility, cognition (remembering and concentrating), self-care, and communicating (understanding and being understood).

² Project report.

What has this approach helped the project to achieve?

8% of the people being reached are people with disabilities, identified using the WGQ during the baseline survey. The project worked closely with local stakeholders, including clinic staff, faith-based organisations and Ward Development Committees who jointly established vulnerability criteria for households selected to receive new disability friendly latrines or for those with existing latrines to be upgraded to become disability friendly. The project intends to follow up further to destigmatise the issue as the project team was expecting to find a disability prevalence rate closer to the WHO estimate of 15%. It is currently exploring issues around lack of understanding of and disclosure of disabilities. Given the use of household surveys and repeated visits to the same households, there is potential to disaggregate all indicators for people with disabilities and identify where their WASH practices and access differ from people without disabilities.

What are the main learning points from this approach?

Door-to-door household surveys using WGQ is enabling the project to differentiate the WASH access and practices of people with disabilities and, if necessary, to adjust interventions to ensure equitable access to WASH and improved practices.

Adjustments can include provision of information in accessible formats (large print, braille, clear language, pictorial IEC materials), provision of sign interpreters at meetings and events, support with transportation to project activities, ensuring representation of people with disabilities in project leadership and monitoring and evaluation feedback mechanisms as well as monitoring outcomes differentiated for people with and without disabilities.

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