

Disability Inclusion within the World Vision Zimbabwe Civil Society WASH Project

An impact study



Prepared by CBM Australia for World Vision Australia and World Vision Zimbabwe
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Cover photo: © CBM Australia. A mural painted on public toilets constructed in Gwanda to help raise awareness that the toilets are accessible for people with disabilities.

Abbreviations

ASSOD	Association of the Deaf
BCC	Bulawayo City Council
BFDPZ	Business Forum for Disabled People Zimbabwe
DPO	Disabled People's Organisation
FGD	Focus Group Discussion
FODPZ	Federation of Organisations of Disabled People in Zimbabwe
GESI	Gender Equity and Social Inclusion
MoG	Municipality of Gwanda
PHHE	Public Health and Hygiene Education
WASH	Water, Sanitation and Hygiene
WVA	World Vision Australia
WVZ	World Vision Zimbabwe
ZWIDE	Zimbabwe Women with Disabilities in Development

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Executive Summary

From 2014-18, CBM Australia partnered with World Vision to provide technical support for disability inclusion within World Vision's Civil Society WASH Fund Project in Zimbabwe. The project worked with local government in two municipalities (Bulawayo and Gwanda) to improve water, sewer and public sanitation infrastructure for households, schools and public locations, and improve hygiene practices. In early 2018, CBM Australia led a disability impact study to collate existing evidence and collect additional qualitative evidence relating to disability inclusion from the project's stakeholders.

This project was selected by CBM Australia (from among other World Vision CS WASH projects) for the impact study because of the comprehensive approach taken to disability inclusion and the opportunities this presented for capturing lessons to guide future inclusive WASH practice. Rather than being an evaluation or appraisal of the project, the study aimed to capture and document evidence of the project's approaches and impacts relating to disability inclusion, and to generate findings and recommendations which could help inform future approaches to disability inclusive WASH. The study methodology comprised a desk review undertaken by CBM Australia and a two-week qualitative data collection and analysis process in Zimbabwe led by CBM Australia in collaboration with World Vision M&E staff and local disabled people's organisation (DPO) representatives. This report was written by CBM Australia and documents the findings and recommendations arising from the study.

The project's approach to disability inclusion

The project as a whole focused on improving public WASH infrastructure and service delivery at the municipal level in two local government areas, with disability inclusion treated as a cross-cutting issue to be 'mainstreamed' across this work. Despite being only one of many priorities for project implementers, the project took a comprehensive approach to ensuring that people with disabilities were included in project planning and implementation, and benefited from the project's WASH outcomes.

These efforts included a specific focus on meeting the WASH needs of people with disabilities, which is common in disability inclusive WASH projects, but also a focus on broader social inclusion and empowerment. This included addressing attitudinal and policy barriers which people with disabilities face in Zimbabwe, to improve the WASH enabling environment. Such a comprehensive approach is rare for inclusive WASH projects, and enabled the project to achieve significant impacts for people with disabilities, both in terms of access to WASH and broader social inclusion, which are likely to be sustained as they were embedded into community and government structures.

The project took a twin track approach to disability inclusion. This included mainstreaming inclusive approaches into WASH activities, for example by using accessible infrastructure designs, including people with disabilities in hygiene activities and integrating messages on inclusion into training sessions. It also undertook targeted additional interventions to address the specific barriers faced by people with disabilities. These included awareness raising and advocacy on disability inclusion and rights, household outreach and referrals for people with disabilities, and deliberately supporting local DPOs. These activities were led by a dedicated social inclusion facilitator on the project staff, who also supported other staff members (e.g. WASH engineers and hygiene educators) to mainstream inclusive approaches into their work. Training, mentoring, technical advice and learning/research inputs on disability inclusion were provided by CBM Australia.

Participation of people with disabilities in the project

Overall there was a very high level of participation of people with disabilities in the project, both through the involvement of DPOs and direct participation of individuals with disabilities in project activities and processes. This helped to raise awareness about the importance of disability inclusion, promoted positive attitudes towards people with disabilities and improved community cohesion. A common theme reported across stakeholders as a result of active involvement of people with disabilities was a greater understanding of the potential and capacity of people with disabilities. This was an important precursor for many of the other outcomes in the project.

The project's impact for people with disabilities

Overall, the project had a strong, positive impact on the lives of people with disabilities in the project areas. People with disabilities in both Bulawayo and Gwanda reported practical improvements in their access to water and sanitation as a result of the project. People with disabilities described their increased independence and reduced time spent collecting water. Improved access to water was more pronounced in Bulawayo, where the project found a concentration of people with disabilities living in one area and was able to prioritise provision of accessible community stand pipes in that area.

In addition to practical benefits, positive changes in attitudes towards people with disabilities were some of the biggest changes reported as a result of the project. In Cowdray Park, people with disabilities reported improvements in the way they were treated and respected by other community members as a result of improved attitudes. In Gwanda, while awareness about the need to include people with disabilities was strong, there were mixed reports from people with disabilities as to whether this had resulted in real changes in how they are treated by community members.

Representatives of local authorities in both municipalities consistently demonstrated increased awareness of disability rights and improved attitudes towards people with disabilities. Both municipalities have now developed disability policies as a result of their involvement in the project, and have taken a range of steps independent of the project to further include people with disabilities in their communities. Improved attitudes and greater awareness of disability inclusion were also evident within WVZ, which has also now developed and approved a disability policy.

Challenges and gaps

While the project achieved many strong outcomes, it was not without its challenges. Contextual factors such as the lack of affordability of household water and sewerage connections, lack of disability services and poor physical accessibility in the communities limited outcomes for some people. The limited number of children with disabilities enrolled in schools also reduced the extent to which children with disabilities benefited from school-based activities such as health clubs or WASH infrastructure improvements.

While the project aimed to take a comprehensive approach to disability inclusion, it was more successful at including people with physical and vision impairments, than people who are deaf or hard of hearing, and people with psychosocial and intellectual disabilities. There were also stronger outcomes reported in Bulawayo than in Gwanda, where the transient nature of the community may have impacted on overall involvement in project activities.

There was also a small number of cases reported whereby participation of people with disabilities in project activities led to negative outcomes, such as teasing and ridicule.

This highlights the needs to carefully phase increased involvement of people with disabilities in the community with awareness raising activities to create a positive enabling environment for participation.

Lessons for inclusive WASH practice

Experience from this project demonstrates that mainstream WASH projects can have a significant impact on access to WASH and other rights for people with disabilities, provided the right strategies are adopted and appropriately resourced. This was true even for a project focused on public infrastructure (water and sewer mains, and public toilets), rather than household-level WASH where the entry points for disability inclusion are more obvious. Evidence from this project also shows that improved access to WASH can make profound changes in the quality of life of people with disabilities.

The following factors contributed to the project's successful approach to disability inclusion, and should be considered by future WASH projects:

- A comprehensive approach was taken to inclusion, which went beyond access to WASH, to also focusing on awareness raising and changing community attitudes towards people with disabilities.
- A disability assessment, utilising qualitative and quantitative information, helped the project understand and respond to the local context.
- DPOs and people with disabilities were strongly engaged in active roles in the project, right from the start, and alongside people without disabilities.
- A dedicated staff role was resourced within the project team and had access to technical support. This person was supported by leadership within WV who promoted an organisational commitment to inclusion.
- Government stakeholders were strongly engaged around disability inclusive policy and practice – both for inclusive WASH and broader disability inclusion. Training was provided extensively across all levels within the local authorities, and champions were supported to drive change.
- Structures were established within communities (through the GESI Champions) to reach people with disabilities who may be hidden within households. These volunteers were able to support individual households to link to services and participate in project activities.

1. Introduction

CBM Australia has a partnership with World Vision to support disability inclusion within World Vision's Civil Society WASH Fund Project in Zimbabwe. This four year (2014-2018), AUD3.8 million project is funded by Australian Aid and operates in two locations in Bulawayo (Cowdray Park and Robert Sinyoka) and the small town of Gwanda. The project goal is *'to increase the adoption of improved hygiene practices and sustained equitable use of water and sanitation facilities of the target population in Bulawayo and Gwanda Town.'* Project interventions comprise working with local government to improve water and sewer infrastructure for households, schools and public locations, and improve hygiene practices. There is a strong focus on disability inclusion and the Federation of Organisations of Disabled People in Zimbabwe (FODPZ) works as an implementing partner with WVZ, Bulawayo City Council (BCC) and the Municipality of Gwanda (MoG).

CBM Australia has been involved in the project through providing technical advice, capacity development support, mentorship of WVZ staff and brokering relationships between WVZ and DPOs, starting from the design phase of the project. In the final year of project implementation (2017-18), CBM proposed that it conduct an evaluative process to collate existing evidence and collect targeted additional evidence to support reflection and learning on the application and impact of disability inclusion efforts in the project. Rather than being an evaluation or appraisal of the project, the process was intended to have a focus on generating findings and recommendations which could help inform future approaches to disability inclusive WASH.

1.1. Purpose and scope of the study

The purpose of this study was to assess the impact of the project on the lives of people with disabilities and their families and what inclusion strategies were most effective in bringing about change. This will inform World Vision and CBM Australia's approaches to disability inclusion in WASH projects, as well as how CBM Australia structures and provides technical advice and capacity development inputs into WASH and other development projects.

The evidence and findings from this study are also intended to inform the end-of-project evaluation of the project, which will be commissioned by World Vision, and to provide more in-depth qualitative information on disability inclusion to complement the wider scope of the evaluation.¹

¹ The following relevant expected changes and impacts are defined in the project theory of change and are expected to be assessed in the final evaluation:

- People With Disability in Bulawayo and Gwanda have capacity to collect data on disability and have increased knowledge on advocacy issues
- MoG and BCC staff together with FODPZ have capacity to design, develop and disseminate inclusive PHHE material.
- Staff of BCC and MoG have improved understanding of Gender and Disability issues and about specific hygiene needs for women and girls with respect to menstrual hygiene.
- BCC, MoG, residents and schools demonstrating inclusive practices and policies in regards to Disability and Gender
- People with disabilities have access to appropriate and inclusive WASH services

2. Methodology

The impact study was primarily qualitative and comprised of a desk review of existing project documentation and in-country data collection. A Terms of Reference (attached at Annex 1) was developed to guide the scope of the study, including Key Learning Questions which were discussed and agreed with WVA and WVZ.

The study team comprised of six people, two representatives each from FODPZ, WVZ and CBM Australia (see Table 1). Each FODPZ representative was also accompanied by a support person.

Table 1: Impact Study Team

Organisation	Representatives
CBM Australia	Ms Clare Hanley – Disability Inclusion Advisor
	Mr Asahel Bush – Disability Inclusion Advisor
World Vision Zimbabwe	Ms Petronella Dube – M&E Team
	Mrs Sijabulisiwe Dube – M&E Team
FODPZ	Mr Watson Khupe – FODPZ National Chairperson
	Ms Constance Sibanda - Zimbabwe Women with Disabilities in Development (ZWIDE)

Box 1: Key Learning Questions

1. How were people with disabilities and DPOs involved in the implementation of the project?
 - a. What impact did this have on the outcomes of the project?
 - b. What impact did this have on the capacities of DPOs to achieve their goals?
2. How effective were CBM's roles and inputs in supporting disability inclusion?
 - a. Which activities or inputs had the greatest impact? Which activities or inputs have made less of a difference?
3. What impact has the project had on the lives of people with disabilities and their families?
 - a. What contributed to those changes? What factors limited change?
 - b. What activities made the greatest difference to the lives of people with disabilities and their families? Which activities made less of a difference?
 - c. Who is still missing out and why?
4. What impact did the project have on other stakeholders' – community members, local government, and WVZ – approaches to people with disabilities?
 - a. What contributed to those changes? What factors limited change?
5. Have there been any unintended effects of the project – positive or negative?
6. To what extent are the changes resulting from the project likely to be sustainable?

In-country data collection was undertaken by the impact study team in Bulawayo City, Cowdray Park and Gwanda. This involved a combination of semi-structured interviews and focus group discussions with a wide range of stakeholders involved in the project including:

- Men and women with disabilities and their families
- Community members living in the project target areas
- Representatives from DPOs including the Federation of Organisations of Disabled Persons in Zimbabwe (FODPZ) and the Business Forum for Disabled People Zimbabwe (BFDPZ)
- World Vision Zimbabwe staff
- Gender Equity and Social Inclusion (GESI) champions
- Community health club members
- Representatives from Bulawayo City Council and the Municipality of Gwanda

The study team split into two sub-teams for the in-country data collection, with each team including one representative from each organisation and a language interpreter. The teams met together for lunch, debrief meetings and analysis. One team was comprised of just women, to facilitate discussions with women with and without disabilities.

Interview and focus group guides were developed prior to the study to guide discussions. These ensured a consistent approach to interviews and FGDs across teams.

A pocket voting exercise was also used during focus group discussions whereby individuals were asked to rate their perception of the impacts of the project using a five point Likert scale.

A total of 12 FGDs and 25 interviews were completed, through which 88 people were consulted (see tables 2 and 3 for details).

Table 2: Focus group participants

Stakeholder	Location	Participants				TOTAL
		Women with disability	Women without disability	Men with disability	Men without disability	
Community members	Cowdray Park	5	7	6	5	23
	Gwanda	4		5		9
World vision staff	Bulawayo		1		2	3
GESI Champions	Cowdray Park	3	5		2	10
	Gwanda		7			7
Health club members	Cowdray Park		3			3
	Gwanda		4			4
TOTAL		12	27	11	9	59

Table 3: Interview participants

Stakeholder	Location	Participants				TOTAL
		Women with disability	Women without disability	Men with disability	Men without disability	
People with disabilities and their families	Cowdray Park	1		3		4
	Gwanda	2		1	1	4
DPO representatives	Bulawayo/ Gwanda	2		3		5
BCC	Bulawayo		6		1	7
MoG	Gwanda		1		5	6
WV staff	Bulawayo		2			2
CBM staff	Melbourne		1			1
TOTAL		5	10	7	7	29*

* Note: some interviews included more than one interviewee

A **desk review of program documents** enabled a review of identified inputs and outcomes on disability inclusion during all stages of the project, and enabled triangulation of interview, focus group discussion and observation data collected during the field research. The documents reviewed included baseline assessments, annual progress reports, the mid-term review, CBM Trip Reports, and case studies collected throughout the project. A full list of documents reviewed is at Annex 2.

2.1. Limitations and constraints

There were a number of limitations that may have affected the quality of data collected in the study.

Quality and consistency of translation:

- Interview tools were prepared in English and translated by the study team into Ndebele and Shona as they asked the questions rather than working from a translated interview schedule. This means that there could be inconsistencies in the way that participants were questioned.
- Paid interpreters were used through in-country consultations, however the degree of experience and expertise of interpreters varied and in some cases this effected the quality of information recorded.
- The group also elected not to use digital recording devices of group discussions and interviews. Therefore, notes taken during consultations were used as the basis of data analysis rather than full transcripts.

Sampling issues:

- The impact study did not consult with stakeholders in Robert Sinyoka and therefore cannot be seen to be representative of the outcomes for this community.
- Although priority was given to consulting people with different types of impairments, the sample of people consulted was not representative in this regard. In particular, no people with intellectual or psychosocial disabilities were interviewed during the study.

- The study team was also reliant on local community and DPO networks to identify and recruit people with disabilities for consultations. In some cases these people were not within the project areas where infrastructure works were completed which limited the extent to which they could provide feedback on the impact of these works. Additionally, there was limited representation of people with disabilities from low socio-economic groups.

Logistics and timing:

- In-country field work was completed over two weeks. In some cases, logistical issues meant that consultations did not occur as planned and limited time was available to reschedule. This meant that the study team could not consult with all of the stakeholders as planned.

Pocket voting exercise:

- While this was originally designed to provide an objective, quantitative source of data on the impact of the project, there were challenges in the implementation of this exercise, which mean that it should not be used as an overly reliable source of data. Accessibility barriers meant that some participants needed to rely on others to cast 'votes' for them, reducing the anonymity of the vote. The lack of privacy when casting 'votes' also meant that often FGD participants appeared to follow each other in voting, rather than voting independently. In some cases this resulted in votes being largely inconsistent with the sentiment of the FDG.

3. Findings

3.1. Approach taken to disability inclusion within the project

The CS WASH project as a whole focused primarily on improving public WASH infrastructure and service delivery at the municipal level, with gender equality and disability inclusion treated as cross-cutting issues. Despite this broad scope, the project took a very comprehensive approach to disability inclusion. Major activities included:

- Including a focus on disability within the baseline study and actively involving people with disabilities in this study.
- Completing qualitative disability assessment and accessibility audit processes which informed the design of inclusion strategies.
- Partnering with Disabled People's Organisations (DPOs) as key stakeholders from the initial project design and throughout the project cycle.
- Employing a dedicated GESI facilitator on the project team.
- Providing training to WVZ, local authorities (senior staff as well as engineers, public health technicians and social services staff) and community representatives on disability inclusion and WASH.
- Designing and constructing accessible WASH infrastructure, including public toilets, public standpipes and school WASH facilities.
- Supporting the inclusion of people with disabilities in community health clubs.
- Introducing disability awareness roadshows (a truck which travelled to communities to perform drama on various topics related to the project).
- Developing and distributing health and hygiene information and education materials in Braille and sign language.
- Recruiting and supporting community volunteers (GESI Champions) who conducted outreach to households of people with disabilities and advocated to local leaders and service providers for greater disability inclusion.
- Supporting leaders within the local disability community with training on advocacy and mentorship.
- Supporting local authorities to develop disability inclusion policies.

These activities and their underlying approaches were phased in throughout the project cycle. During the design and inception phase there was a focus on engaging DPOs and community members with disabilities, training key stakeholders and developing accessible WASH infrastructure designs. Following the disability assessment, which identified a range of attitudinal and other social barriers limiting people with disabilities' access to WASH, the project employed a dedicated GESI facilitator. The GESI Facilitator developed broader disability inclusion awareness raising and community engagement strategies, such as recruiting GESI Champions. Later on in the project, emphasis was placed on empowering people with disabilities as leaders and embedding inclusive WASH and broader inclusion strategies within local authority policy and procedures.

The role of a dedicated GESI facilitator on the project staff

The GESI Facilitator role at World Vision was responsible for coordinating and supporting most of the disability inclusion activities within the project. Stakeholders consistently reported the value of this role. It is important to note that this role was not originally budgeted for in the project design, but was included approximately one year after implementation started. While originally the role was designed to work primarily with change agents rather than directly with project beneficiaries, in reality,

the GESI Facilitator worked across all levels of the project. Some of her activities included:

- Coordinating involvement of FODPZ and other DPOs in project activities.
- Providing training to stakeholders, including WVZ, local authorities, GESI Champions and Community Health Clubs.
- Developing the concept of GESI Champions and working with local authorities to establish this cohort of volunteers.
- Establishing GESI thematic groups at BCC and MoG.
- Providing individual mentoring and support to GESI Champions and Council GESI focal points.
- Liaising with CBM to seek their advice and input into project activities.
- Providing advice on inclusion and accessibility within project activities such as monitoring and evaluation, accessible infrastructure etc., and more broadly within WVZ.
- Advocating for disability inclusion with change agents and WVZ.

The role of GESI Champions

Volunteer Gender Equity and Social Inclusion (GESI) Champions were established by the project in Bulawayo and Gwanda, supported by local authorities. Originally, 34 GESI Champions were recruited in Bulawayo and 18 in Gwanda (across 9 wards). In Bulawayo, many of the GESI Champions were existing social welfare volunteers who had already received training on providing home based care, whereas in Gwanda, new volunteers were recruited. GESI Champions describe their role as being advocates for people with disabilities in the community.

"We identify disabled people and also reach out to people with disabilities to make sure that they are included in everything we do...We also advocate for the rights of people with disabilities and have started support groups. We make sure that any challenges that they tell us we try and help overcome." (GESI Champion, Bulawayo)

"The GESI Champions advocate for the disabled people, fighting for their rights for them to be included, both socially and politically and helping make the environment user friendly." (Woman with disability, Gwanda)

Some of the activities that GESI Champions reported undertaking include:

- Identifying people with disabilities in communities through household visits and registering them with council.
- Linking and referring people with disabilities to social welfare and disability services.
- Advocacy to local business and services to improve physical accessibility and encourage inclusion of people with disabilities.
- Advocacy to primary schools to enrol children with disabilities and improve physical accessibility.
- Advocacy and awareness raising with families – encouraging families not to hide family members with disabilities.
- Participation in community roadshows on disability inclusion.
- Needs assessments for people with disabilities.
- Identifying and referring cases of abuse towards people with disabilities.
- Informing people with disabilities about community meetings and supporting them to participate.
- Distributing donated wheelchairs.
- Organising a disability expo of service providers and DPOs.

3.2. Involvement of people with disabilities and DPOs in the project

Extent of DPO participation

There is strong evidence that Disabled People's Organisations (DPOs) were actively involved throughout the project cycle, including during design, inception, implementation, and in monitoring and evaluation activities.

The Federation of Organisations of Disabled People in Zimbabwe (FODPZ) was the main DPO involved in the project as an implementing partner of WVZ. FODPZ was formed in 2003, and is an umbrella organisation of DPOs and affiliated DPOs. Through their connection with FODPZ, DPOs including the Muscular Dystrophy Association Zimbabwe (MDAZ), Zimbabwe Women in Development (ZWIDE), Association of the Deaf (ASSOD), and Zimbabwe Association of the Visually Handicapped (ZAVH) have been involved in project activities to varying degrees.

Representatives of FODPZ or DPOs associated with FODPZ participated actively in the project in the following ways:

- As participants in initial design and inception workshops.
- As a member of the project steering committee.
- As advisors and enumerators during the baseline study.
- As members of the disability assessment team, mid-term review team and impact study team.
- As members of the GESI working group
- As co-facilitators during disability inclusion training provided by CBMA and World Vision.
- Completing accessibility audits of WASH infrastructure and providing advice on accessible designs.
- Co-facilitating community awareness activities such as roadshows and a school quiz.
- Providing sign language training and developing sign language resources.
- Developing Braille hygiene promotion resources.

Other DPOs have also been involved in specific aspects of project implementation. In Gwanda, the Business Forum for Disabled People Zimbabwe (BFDPZ) was strongly involved in project activities. This role included co-facilitating training for GESI Champions and health club members, and having a member sit on the project's steering committee for Gwanda. A representative from this group was appointed by MoG to act as a Disability Focal Point for the Council (a new, voluntary role) after their involvement in the inception phase of the project. This person was involved in drafting the MoG disability policy and is now participating in regular MoG meetings. Zimbabwe National League of the Blind (ZNLB) was also involved in providing Braille hygiene promotion resources for the project.

There were a range of factors that enabled participation of DPOs in the project. FODPZ reported valuing the intentional nature of the partnership (set out in a written memorandum of understanding between WVZ and FODPZ) and being included right from the beginning of the project, rather than as an afterthought. The allocation of project budget to cover FODPZ's time and costs, accessibility requirements such as additional transport, support people and Braille translation also enabled participation. The WV GESI Facilitator also invested time in building FODPZ members' capacity in WASH and development programming which was critical in supporting FODPZ members to participate meaningfully in project activities and provide appropriate advice.

Participation of people with disabilities in project activities

In addition to DPO participation, the project also achieved a high rate of participation of community members with disabilities in project activities. The project took deliberate steps to find people with disabilities and encourage their participation. This was done through follow up of households visited through the baseline survey, connecting with local DPO representatives and using existing networks of volunteer social workers who were already working with local people with disabilities. People with disabilities participated in various roles, including as survey enumerators, health club members, GESI Champions, training attendees and as part of awareness raising activities.

People with disabilities reported participating in 'clean up' campaigns alongside other community members, participating in health clubs and in other community meetings and committees.

"The health clubs are working in every ward. They do flea market cleaning, give out some donations of cleaning materials. We got some t-shirts to let the society know what we were doing. We are members. Most people do participate in the programs." (Man with a disability, Gwanda)

"We have been involved in the project. We have been doing activities where we grow vegetables – using water from the council... We are participating in the health clubs – even though we are disabled we still have a chance to participate." (Women with disability in Cowdray Park)

The level of participation of people with disabilities appeared to increase throughout the duration of the project, with a range of stakeholders reporting that this was one of the significant changes evident from the project.

'... People with disabilities didn't use to attend, but now they attend different programs... disabled people joined later after the project had started. They can now participate and attend different meetings.'" (Community Health Worker, Gwanda)

'At first people with disabilities did not attend workshops or meetings held by the community but now the number is increasing.'" (GESI Champion, Cowdray Park)

GESI Champions also noted that a committee is now led by a women with vision impairment, indicating opportunities are being made for people with disabilities to take up leadership roles.

Increases in participation appear to be primarily due to improved attitudes within the community, as a result of training and awareness raising provided by the project. This can be seen in a focus group discussion with women without disabilities in Bulawayo who reported that originally they thought people with disabilities couldn't do anything, but they were taught to include them.

'Disabled people were involved in the clean-up campaigns. Because of the love we showed them during the campaigns, the number of people with disabilities [participating] increased.'" (Woman without disability, Cowdray Park)

Other stakeholders spoke about the importance of roadshows to increase awareness of disability inclusion, seeing people with disabilities as enumerators in the baseline and training on disability inclusion as factors that contributed to inclusion.

The Mid-term Review noted that the numbers of people with disabilities participating in health clubs also increased after training was provided to people with disabilities by

FODPZ on their rights, indicating improved confidence and awareness of rights amongst people with disabilities was also a contributing factor. This theme also arose in discussions with Community Health Club members in Cowdray Park, who noted that originally people with disabilities didn't participate in the health clubs but the project taught them to come out more and interact with others. One woman with disability in Cowdray Park explained that a key factor giving her the confidence to participate was having access to water, sanitation and hygiene in her home, such that she no longer felt dirty and ashamed of her situation.

While there were many positive examples of participation, this was not consistently reported and did vary across project locations, including between wards within communities. There were also more examples of difficulties participating in Gwanda than in Bulawayo.

"None of us participate in the health clubs. Most of the people with disabilities in ward 7 can participate but not in my area [ward 4]. The people in our area do not want us in their club. We were asked to form our own club." (Woman with disability, Gwanda)

"It was ok to participate in the roadshow. It was good to raise awareness but it was a bit discouraging when others would laugh when we started dancing. People were saying 'look at that one, see how she dances.'" (Woman with disability, Gwanda)

"Not everyone benefits. There is still a challenge within society that people look down [on us] as people who cannot start businesses, and cannot build our own houses. There is still a challenge for those with severe disabilities because some people will not assist them..." (Man with disability, Gwanda)

Women with disabilities in Gwanda also reported attempting to participate in clean up campaigns but leaving because they were discriminated against and told they were not able to participate. Some men with disabilities in Gwanda also reported difficulties participating because of the nature of their disability, or stated that they could participate in meetings but do not contribute to decisions. Some men with disabilities in Cowdray Park reported a perception that they were often present but not listened to at meetings, with the result that some were now either less inclined to attend or had stopped attending entirely. This concern was also shared by representatives of ASSOD (a deaf DPO), who noted that deaf people are now attending community meetings in Cowdray Park but are not able to meaningfully participate. A lack of sign interpreters, and physical barriers such as lack of transport and inaccessible meeting venues were also cited as limiting participation.

Impact of people with disabilities' participation on the outcomes of the project

Where people with disabilities and DPOs did participate in the project, this had a clear positive impact on the outcomes of the project, primarily by raising awareness, promoting positive attitudes towards people with disabilities and improving community cohesion.

A common theme reported across stakeholders was a greater understanding of the potential and capacity of people with disabilities.

"It raised awareness – it was an instrument to raise awareness about people with disabilities. It showed that people with disabilities are quite capable of doing so many things, whereas previously they were seen as not being able." (WVZ representative)

"Mainly we are getting respect from people because we joined the WASH Project...the local people saw that people with disabilities were capable of doing things". (Man with disability, Cowdray Park)

"I used to look at disabled people as though they could do nothing, but now after working with them in the health clubs I realise that they can actually contribute an idea that I would never have thought of." (Woman without disability, Cowdray Park)

FODPZ representatives noted the importance of being actively engaged in project implementation as critical to improving attitudes, rather than being seen as receiving handouts. Stakeholders also noted a greater sense of community cohesion. For example, representatives of a Community Health Club in Cowdray Park noted *"there is now unity between disabled and non-disabled."* In Gwanda, Community Health Club members stated *"we are now able to interact because we are working together"*.

Participation of DPOs and people with disabilities also had practical impacts in relation to improving access to WASH, particularly with regards to physical accessibility of infrastructure.

"There are some issues that able people cannot understand, for example with ramps... they needed people with disabilities to explain that." (Representative from BFDPZ, Gwanda)

Participation in accessibility audits of WASH infrastructure was also instrumental in ensuring this met local community member's needs. For example, in Bulawayo, a wheelchair user tested a newly constructed water point and was able to provide feedback that the ramp was too steep to be user friendly. This was then adapted to suit her needs. In Gwanda, having a representative with a disability on the MoG steering committee meant that the Council was held to account to follow through with commitments they had made regarding disability inclusion, such as providing sign interpreters at community meetings.

Impact on the capacity of DPOs to achieve their goals

Involvement in the project had a range of positive impacts on individual DPO members and on organisational capacity and status within the community. Representatives from FODPZ report that the project helped progress their own strategic priorities by building meaningful relationships with local authority leaders in Gwanda and Bulawayo. FODPZ also reported gaining useful practical skills such as writing and research skills. Being involved in the project's community data collection processes also gave FODPZ an opportunity to visit and connect with local community members with disabilities and gain a stronger understanding of their situation.

Importantly, both FODPZ and BFDPZ reported increased profile and respect in the community, which has increased their engagement in other issues and projects beyond the WASH project.

"Nowadays we are invited to attend community meetings. There has been some improvement in terms of being consulted by policy makers. The project has made us visible and known... It has really uplifted the image of FODPZ and of disabled people". (FODPZ representative)

"Two weeks ago the advisor to the president visited after learning about the MoG Disability Policy on television and came to see people with disabilities in Gwanda to see if he could assist in any way." (BFDPZ representative)

Representatives of both DPOs report increased confidence amongst their members and more willingness to speak up about issues. BFDZ noted the benefits of access to training and capacity building from WVZ and FODZ, including support in the process of trying to register as a DPO. MoG has now promised to provide them with office space once they are registered. Involvement in the project also allowed the group to gather information on the local disability community, which in turn has supported the group's efforts to become a registered DPO.

3.3. CBM's roles and inputs in supporting disability inclusion

CBM's main roles and inputs into the project were:

- Brokering the partnership between FODZ and World Vision and encouraging links to other DPOs.
- Supporting implementation of the baseline assessment and accessibility audit and leading the disability assessment.
- Developing training materials and delivering training to World Vision and other stakeholders.
- Advocating for human resources within World Vision to support implementation of disability inclusive approaches.
- Provision of technical advice and mentoring to the WV GESI Facilitator to develop strategies, overcome challenges and identify gaps in approaches to inclusion.
- Linking World Vision to a CBM-funded community-based rehabilitation program in Bulawayo.
- Documenting and sharing project achievements through conference papers and presentations.

Given CBM mainly provided 'back-end' support for World Vision and FODZ to strengthen their engagement and approach to disability inclusion, there was not a wide understanding of the role of CBM in the project amongst other stakeholders. This is to be expected and is appropriate given CBM's role as a technical partner. Having said that, there were some misunderstandings within World Vision Zimbabwe about CBM's role, with some staff believing CBM was providing funding to the project to support disability inclusion. In future projects, CBM's role could therefore be more clearly articulated and explained to project partners to avoid confusion.

Feedback from WVZ regarding CBM's input was overwhelmingly positive and it is clear WVZ saw CBM's role as critical in influencing the achievements of the project in relation to disability inclusion.

"CBM are like angels. I can't think of anything [to do differently]. The support was so tremendous. It was excellent. I couldn't really find the right words. I am really grateful." (WVZ Representative)

There were a number of inputs from CBM that appeared to have significant impact. The first was brokering the partnership with FODZ and other DPOs and advocating for DPOs to have a strong role throughout all stages of the project. CBM played a critical role in supporting FODZ and WVZ to understand each other's perspectives during the initial MoU negotiation. CBM was also successful in advocating for recruitment of enumerators with disabilities for the baseline study and providing advice to support this, which required a significant shift in WVZ recruitment processes.

The second was advocating to WVZ and WVA about the need to allocate dedicated human resources to support disability inclusion within the project team. This

successful advocacy resulted in the newly created position of GESI Facilitator, which commenced approximately one year into the project. Prior to this position being filled, there appeared to be very few tangible activities taking place to progress disability inclusion, beyond the initial disability assessment. Together, the engagement of DPOs and role of the GESI Facilitator became the foundation of the project's approach to disability inclusion.

The third input from CBM that had a substantial impact was the provision of training, and associated development of training materials to be used by the WV GESI Facilitator and other stakeholders. The approach taken within training provided by CBM strengthened, or for many stakeholders, introduced, a rights based approach to disability inclusion and helped shift away from a medical/charity model to disability. While there were potentially local providers of training on disability (such as the Council social welfare departments), WV staff note that these took primarily a medical/charity model to disability and would have been unlikely to contribute to the same results in the project.

'CBM's influence was more pronounced on the GESI focal point [facilitator] at WVZ. There were new ideas coming out on how you approach an inclusive way of doing things.' (FODPZ Representative)

The training materials developed by CBM were used widely by the GESI Facilitator to train GESI Champions, local council representatives and other stakeholders, and are now also being used directly by local councils beyond the project.

While the provision of training and training materials was critical, CBM identified during year three of the project that the format of training materials provided was too theoretical and was not providing enough practical tools and resources to be used by local stakeholders. During year four, CBM worked with WVZ to develop more practical checklists, tools and resources that are supporting the GESI champions and DPOs in their roles. Training materials developed by CBM for future projects should follow a similar format.

Other beneficial inputs from CBM included coordinating the disability assessment in year one, which was critical in informing the project's approach to disability inclusion. The GESI Facilitator notes that when she started in the role she drew heavily on the disability assessment to develop a plan of action around disability inclusion. It was because of this assessment that she was able to understand that the largest barrier to inclusion was negative attitudes. WVZ also particularly appreciated that CBM's input was not limited to the project and extended more broadly across WVZ as an organisation. This included supporting the development of the organisation disability policy, and ensuring training was extended to other parts of the organisation such as their monitoring and evaluation team.

3.4. Impact on the lives of people with disabilities

The project had a range of impacts on the lives of people with disabilities: practical impacts in terms of improved access to water, sanitation and hygiene (particularly where the project directly improved WASH infrastructure), and strategic impacts in terms of improving attitudes towards people with disabilities and the extent to which they could participate in the community.

Access to WASH

There are some very strong examples of improvements in access to WASH for people with disabilities as a result of the project, which have clearly had a meaningful impact on their lives.

Access to water

Key activities undertaken by the project to improve access to water include:

- Constructing communal standpipes - seven communal stand pipes in Cowdray Park, seven prepaid communal standpipes in BCC, and three metered communal standpipes in Hlalani Kuhle (Gwanda)
- Installing 220 prepaid household water meters
- Rehabilitation and extension of water pipeline
- Installing water tanks at six schools and one clinic in Gwanda
- Installing bulk water meters at institutions
- Capacity development of local authorities to strengthen operations and maintenance of water supply.

Improved access to water was more pronounced in Bulawayo, where the project found a concentration of people with disabilities living in one area of Cowdray Park (segment 3) and was able to prioritise provision of accessible community stand pipes in that area. Unfortunately many of the people with disabilities interviewed during the impact study in Gwanda were not from areas where infrastructure was installed or refurbished, resulting in fewer positive changes reported in relation to access to WASH in this location. Despite this, people with disabilities consistently reported improvements in access to water during pocket voting across both locations (see Figure 1).

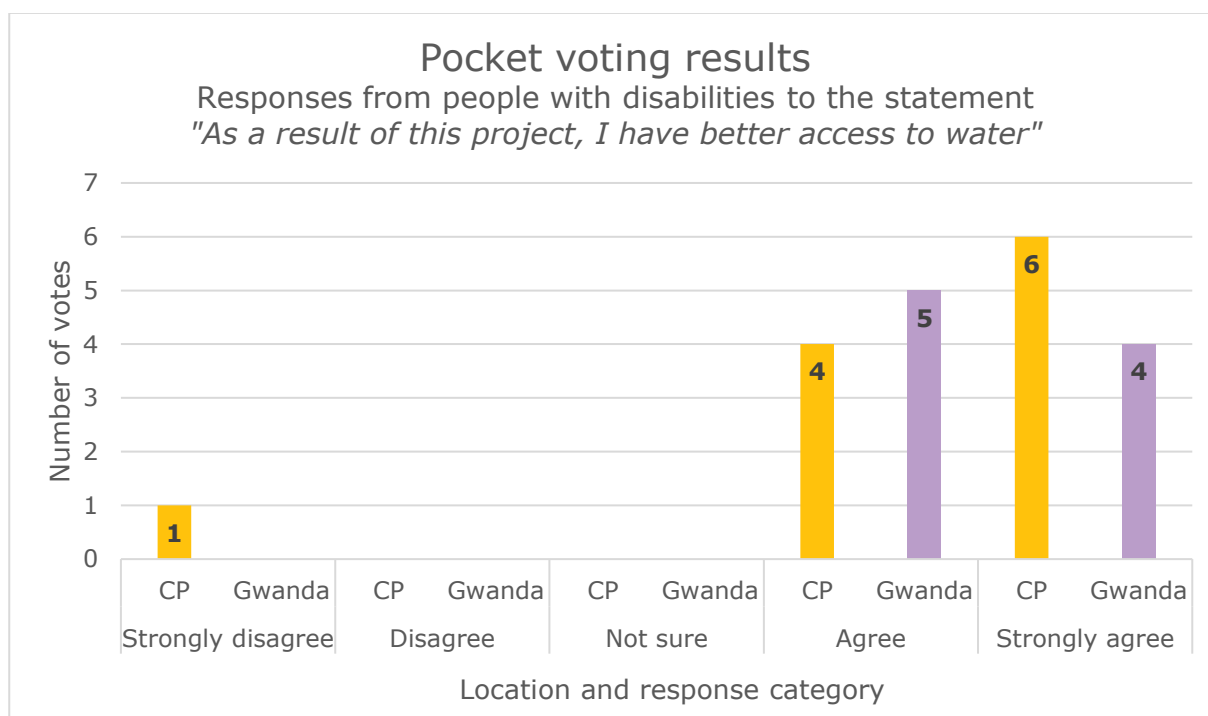


Figure 1: Results from pocket voting exercise completed with FGD participants who have a disability in relation to improved access to water

Prior to the project, people with disabilities in Cowdray Park reported facing a range of difficulties in accessing water. These included long distances to water sources and long queues. These issues were compounded by negative attitudes within the community.

"We used to have to queue a long time. We used to send our children to get us water and it would take a long time. If we asked people to get us water they didn't recognise us – they ignored us." (Woman with a disability, Cowdray Park)

Because of these difficulties people with disabilities were often dependent on others to collect water, which in some cases meant waiting for their children to return from school, collecting water at night (which was considered dangerous), or paying people to collect water on their behalf. The provision of accessible community standpipes close to people's houses made an immediate, practical difference to their lives and was frequently reported as one of the biggest changes resulting from the project. For women with disabilities in particular, this meant increased independence, less time spent collecting water and being able to complete household chores such as washing dishes, cooking and washing clothes more easily.

"The project was a great help and made it easier to get water. I can now even get water for myself... there is no more having to pay people to collect water. We can now even water our own vegetables." (Women with disability, Cowdray Park)

"It is now easier to access water as we no longer have to rely on children to wake up at 4am and go and fetch water. Even at 8am we can do it. Before, other people wouldn't allow people with disabilities to get water first, but now things have changed." (Man with disability, Cowdray Park)

Wheelchair users in particular noted that lowering the standpipes had been critical in supporting their access to water as previously the existing taps were too high, which made them difficult to access.

In some cases, improved access to water and sanitation was also the result of improved community attitudes rather than just changes to WASH infrastructure. For example, men with disabilities in Cowdray Park described how other people in the community now allowed people with disabilities to get water first. In other cases, increased assistance from community members improved access.

"Sometimes when [my son] wants water, he can talk to someone else and they will help him. In the past no one would assist him..." (Parent of a boy with disability, Cowdray Park)

Given the majority of people with disabilities interviewed in Cowdray Park were from a specific part of the community (Segment 3), it is difficult to determine whether similar impacts were experienced by people with disabilities in other areas of the community. One elderly man with disability reported that he was currently using the accessible stand pipes built by the project in Segment 3 and then carrying water back to his home in a neighbouring segment of Cowdray Park.

While construction of accessible community standpipes was appreciated, some people with disabilities expressed frustration that they were not able to afford a household water or sewerage connection. This was a key topic discussed by men with disabilities in Cowdray Park who explained that the cost of water bills was too high, particularly for people with disabilities who are unable to work. Similarly, the group was frustrated that the sewer system had now been installed by the project but the connection fee was too large and beyond what people with disabilities can afford. Affordability of

household water and sewer connections was also raised as a concern by BCC representatives, who acknowledged there had been low uptake of these more generally in the community. While affordability appears to have been an issue for the general community, rather than just people with disabilities, future projects could further explore whether subsidies should be put in place for people within communities who are very poor (including some people with disabilities) to support equitable access to household WASH infrastructure.

Access to sanitation

In Gwanda, the project also constructed five public toilets, which were disability accessible. People with disabilities in nearby areas appeared to be happy with these toilets. One man with a disability noted that one of the advantages of these toilets is that they were not just for people with disabilities – everyone can use them.

"[In] Ward 5 Spitzkop the toilet is very disability friendly, even blind individuals can get in there, there is Braille writing. I am very happy now with the toilets."
(Man with disability, BFDPZ, Gwanda)

In Cowdray Park, the project did not directly construct latrines, as municipal bylaws only permitted installation of latrines that were connected to town sewers, and public latrines were not a policy option favoured by the Council. Some people with disabilities reported choosing to construct pit latrines or use a neighbour's latrine after receiving hygiene awareness messages. Women with disabilities in Cowdray Park in particular noted that prior to the project they had used the bush, which was very difficult for them, but now used a toilet. Similarly, the carers of a boy with a disability in Cowdray Park noted that they constructed a toilet, which the boy can now use with assistance, whereas before he was using the bush. The lack of latrine construction (or support for household latrine construction) in Cowdray Park may have contributed to the small number of negative results in the pocket voting (see Figure 2).

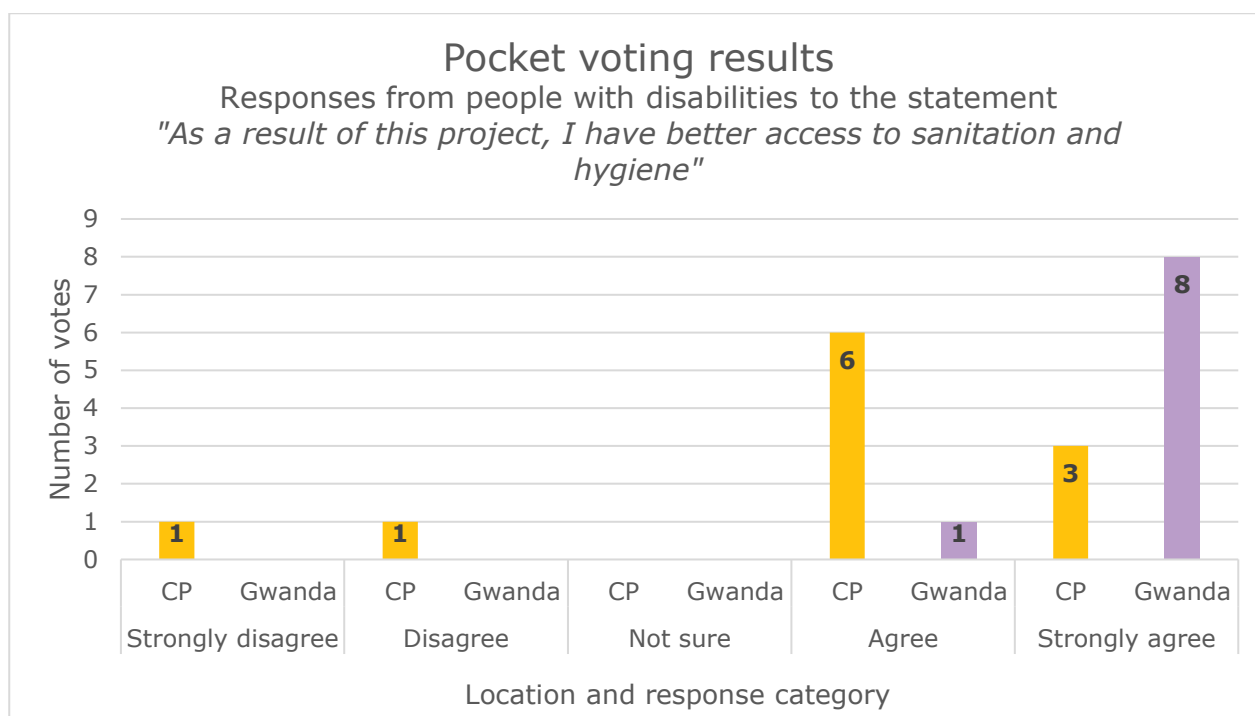


Figure 2: Results from pocket voting exercise completed with FGD participants who have a disability in relation to improved access to sanitation and hygiene

Access to hygiene

With regards to hygiene, changes in awareness of hygiene and hygiene practices were consistently reported amongst women with and without disabilities in both Gwanda and Bulawayo, but did not feature frequently in the discussions with men with and without disabilities. This could indicate a difference in the extent to which hygiene promotion activities were able to reach men more broadly in the communities, possibly reflecting gender norms that tend to categorise health and hygiene matters as women’s responsibility.

While improved hygiene was not reported as making a ‘big’ difference in people’s lives in the same way access to water and sanitation were, women with disabilities in both Bulawayo and Gwanda consistently described changes in their understanding of hygiene and hygiene practices, including using soap to wash hands and encouraging their children to do the same. This is likely to have positive health impacts.

"After using the toilet you have to wash your hands before you touch anything. Washing of hands was always there to the people who know cleanliness but for others it was not common..." (Women with disabilities focus group, Cowdray Park)

"Prior to the project we would not use soap. Now we use soap every time we wash our hands." (Women with disability, Gwanda)

Women with disabilities in Cowdray Park reported that increased access to water also assisted with hygiene as they could wash their hands more frequently, wash their bodies and children, and clean menstrual hygiene products.

Establishing health clubs was another key activity of the project which appeared to have a positive impact on promoting hygiene behaviour change as well as the inclusion of people with disabilities within communities, particularly in Cowdray Park. While the primary purpose of health clubs was to provide information and awareness

about sanitation and hygiene, and participate in clean-up campaigns, these clubs also became an avenue to raise awareness about rights and promote inclusion of people with disabilities.

"The club is about teaching people to maintain hygiene and proper sanitation. We also talk about the disabled people and how we are supported to treat them and include them. We teach people not to discriminate against disabled people"
(Community health club member, Cowdray Park)

Box 2: Case study: Increasing access to sanitation

After participating as an enumerator in the baseline study, one man with a disability in Cowdray Park used the income he received from being an enumerator to construct an accessible latrine which he shares with three women with disabilities who live in neighbouring houses. Women using the latrine report that there have been significant improvements in their wellbeing. For example, one woman who uses a wheelchair noted that prior to the CS WASH project she used to only have one meal a day to avoid needing to go to the bush to relieve herself too often, particularly in the evening as she did not want to go out at night. Now she is able to eat the quantities of food she needs because she can visit the toilet without worrying.

Improved attitudes and greater inclusion of people with disabilities in the community

Positive changes in attitudes towards people with disabilities in communities were some of the biggest changes reported by people with disabilities and other stakeholders as a result of the project. These were consistently reported in FGDs with women and men with disabilities, as can be seen in the pocket voting results (see Figure 3), with similar results found in other FGDs.

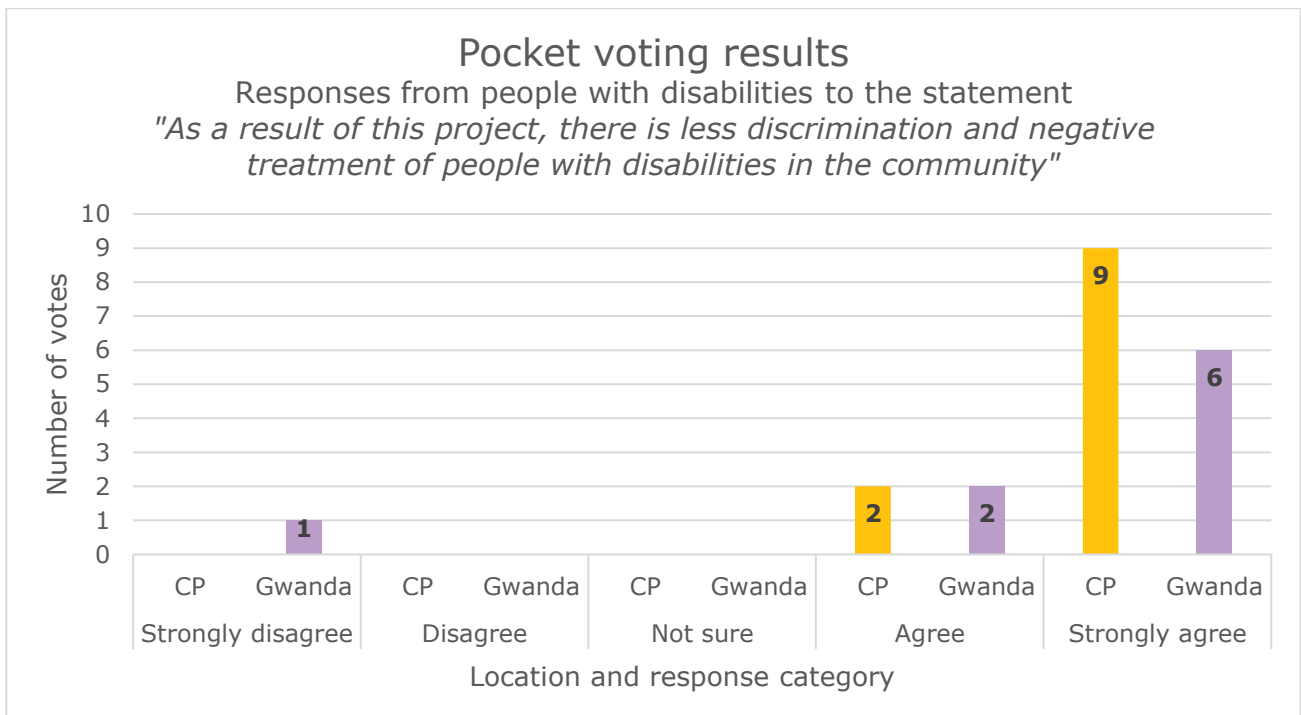


Figure 3: Results from pocket voting exercise completed with FGD participants who have a disability in relation to positive changes in discrimination and negative attitudes

Strategies used by the project to promote positive attitudes towards people with disabilities and reduce stigma included:

- Training for program implementers, local authorities and community members
- Community awareness activities such as billboards and community drama
- Establishing community advocates (GESI Champions) to work individually with people with disabilities and local services/businesses to advocate for inclusion
- Establishing health clubs comprised of people with and without disabilities and encouraging their involvement in other community meetings
- Providing training to people with disabilities on rights and self-advocacy to encourage their participation
- Active involvement of people with disabilities within monitoring and evaluation activities.

A central theme in these activities is that they promoted people with disabilities in active roles where they were seen to be contributing to the project, rather than just being the recipient of charity. They also allowed for meaningful relationships to be established between people with and without disabilities in communities, which broke down stigma. This aspect of 'working together' on something appeared to be critical.

Improved attitudes and awareness about the importance of inclusion were reported in both Cowdray Park and Gwanda.

"[The project] taught us not to discriminate against them [people with disabilities]... we should always involve them. We have been taught that everyone is equal." (Woman without disability, Cowdray Park)

"I think the most important change has been people's attitudes. Negative attitudes used to prevent people with disabilities from participating in the

community or trying to make friends and socialise with others. Now people with disabilities are free.” (GESI Champion interviewed in 2017, Cowdray Park)

“When people saw the Municipality of Gwanda having all these developments about people with disabilities, people realised that they should be included. People are very much sensitised now.” (Man with a disability, Gwanda)

In Cowdray Park, people with disabilities also reported changes in the way they were treated and respected by other community members as a result of improved attitudes. This included changes in the language used to refer to people with disabilities, people being friendlier towards them, and being treated the same as others - ‘as people’.

“At first we were being discriminated against. People didn’t want to see me at the water point. I had to stand in line in the long queues and stand for hours. They used to use names and label me as a cripple... I was downsized by the language. The situation has become better. Now people even offer to help me as I am going to the water point. I strongly believe that the project has made things better.” (Woman with disability, Cowdray Park)

“Earlier we were discriminated against and isolated by the community. Now we are respected by the community. Now people are accepting us as we are.” (Man with disability, Cowdray Park)

“At first people with disabilities were being labelled and called crippled but now this is changing.” (GESI Champion, Cowdray Park)

There were also reports of family members being more willing to support people with disabilities to interact and engage in the community, and no longer hide family members with disabilities. Families were described as being more ‘open’ and people with disabilities ‘free to come out.’

“I used to keep [my Grandson] at home but now I take him out everywhere. It was [the GESI Champion] who advised me to do this. I have now learnt that disabled people should not be looked down on. (Grandparent of a boy with a disability, Cowdray Park)

In Gwanda, while awareness about the need to include people with disabilities was strong, there were mixed reports from people with disabilities as to whether this had resulted in real changes in how they are treated by community members.

“The campaign [roadshow] has helped contribute to change a little bit but it is not enough. People with disabilities are now better understood by the community and they are even building relationships with us... There is still discrimination against people with disabilities... some people have changed but some are still using the names [to describe people with disabilities]. (Woman with disability, Gwanda)

Women with disabilities in Gwanda noted that there was an increased sense of belonging amongst people with disabilities themselves which was positive, but not with the general community in the same way as reported in Bulawayo.

The difference in the extent of attitude changes between these two project locations was discussed with WVZ project staff, who identified a range of contributing factors. The first is the very different context of the two locations. While Cowdray Park has a more stable population (albeit growing) and sense of community, Gwanda is a mining town which results in quite a transient population and a higher number of people

engaged in employment away from their homes. This reduces community cohesion and also appeared to impact on the extent to which community members with and without disabilities had time (and interest) to participate in community activities such as health clubs, meetings and trainings. Therefore, while similar project activities were undertaken in both locations, these may have been more appropriate to the context in Cowdray Park.

In addition, community volunteer structures were already in existence in Cowdray Park, which were used as the basis of establishing GESI Champions. This meant many GESI Champions started in the role with some existing training and skills, and support from BCC. In Gwanda, these structures were established from scratch and had to be developed and strengthened over time. While both locations had strong disability champions within the local authorities and in the community, the concentration of disability inclusion efforts within a particular part of Cowdray Park may have helped produce such strong results. In Gwanda, awareness raising about disability appeared to be much more dispersed throughout the town, which may have 'diluted' its impact. Finally, the location of the WV GESI Facilitator in Bulawayo may have also had an impact, in that she was able to more easily visit BCC and Cowdray Park to provide ongoing support and advice.

A range of stakeholders in both Bulawayo and Gwanda identified that GESI Champions had been instrumental in supporting inclusion of people with disabilities, although knowledge of the existence and role of GESI Champions amongst people with disabilities was mixed. When people with disabilities had personally met a GESI Champion, their comments about the Champions were most often positive.

"GESI Champions are the people who made me believe in [my Grandson] and his abilities. I used to be so stressed. I used to visit traditional healers, I believed [my Grandson's] issue was witchcraft...but through the GESI Champions I realised that this is a gift from God and that I should accept [him] for who he is" (Grandparent of a boy with disability, Cowdray Park)

"I have heard about the GESI Champions. They are good people because they are the voice of the voiceless... There is now change because of the GESI Champions because most people with disabilities are now able to attend the meetings..." (Woman with disability, Gwanda)

The health clubs also provided an important opportunity for people without disabilities to develop meaningful relationships with people with disabilities on work together on activities of mutual benefit which was critical in improving attitudes.

"Before we formed the health club we didn't know we could even interact with people with disabilities but now there is increased interaction. Before we were afraid... but now we have a different view." (Community Health Club member, Gwanda)

Other impacts for people with disabilities and their families

There were a range of other impacts for people with disabilities from the project, including changes in attitudes and confidence of people with disabilities, and other practical benefits resulting from provision of assistive devices, inclusion in livelihoods activities, education and other community services.

Improvements in confidence, sense of self-worth and self-esteem were commonly reported by people with disabilities, often as a result of their participation in the project.

"We all participate in the health clubs. We have been taught many different things. Taught things we never thought we could do in life, but we now know we can do anything." (Woman with disability, Cowdray Park)

"I learnt that I had to go around and interact with others. Initially I would keep myself indoors but now I get out of the house. I learnt to accept my situation." (Woman with disability, Gwanda)

Changes in self-advocacy were also noted by local authorities in both Gwanda and Bulawayo.

"Before it was very rare to get a complaint from disabled persons... but now they are behaving like everyone else. If they have an issue, they pick up the phone and call." (BCC Representative)

Throughout the project, efforts were made to connect people with disabilities to disability services, such as Jairos Jiri,² and in some cases WVZ directly provided donated wheelchairs to people with disabilities. A government representative in Bulawayo noted the positive influence of the provision of wheelchairs by highlighting the capacity of people with disabilities. People with disabilities also reported a range of benefits from receiving wheelchairs, including greater mobility and independence, and improved status in the community.

"When I was given this wheelchair, the community opened up and appreciated the project... I can now mingle with the community as I move from one place to another without being assisted. I feel I am part of the community..." (Man with disability, Gwanda, interviewed in 2017)

Examples were also provided of practical changes such as opportunities to learn livelihoods skills, children with disabilities receiving ID cards and being able to enrol in school, and people with disabilities being given first preference at banks. This is partly due to the work of GESI Champions, who played a key role in advising people with disabilities about available services and entitlements, and in some cases accompanying them to request these from relevant public offices. Improvements in physical accessibility of community infrastructure, particularly in Gwanda, was also reported as making a difference in people's lives. In Cowdray Park, a GESI Champion reported that taxis are no longer charging people with disabilities extra if they have assistive devices or wheelchairs with them, whereas this used to be common practice.

At the same time, however, some people with disabilities interviewed had not heard of the GESI Champions, or had heard of them but had not met a GESI Champion personally and were unaware of any outcomes from their work.

"We have heard of them [GESI Champions] but we don't know what they are doing." (Woman with disability, Bulawayo)

"We haven't heard about GESI Champions. I don't know anyone else like my son or any group of parents [of children with disabilities]. There has never been such a meeting here." (Parent of a boy with disability, Gwanda)

Some of the challenges and limitations arising from the project's work with GESI Champions are discussed in *Box 2* below.

² Jairos Jiri is a Zimbabwean NGO which provides community based rehabilitation and other services for people with disabilities. Their target areas include parts of Bulawayo nearby Cowdray Park, but not Gwanda. They are part-funded by CBM International.

Box 3: Challenges of working through community volunteers

While GESI Champions were clearly instrumental in reaching out to many people with disabilities and linking them to project activities and other services, not all people with disabilities interviewed had heard of, or been in contact with, GESI Champions. This may be because of insufficient numbers of GESI Champions in communities, resulting in their time being stretched too thinly, or because GESI Champions were prioritising advocacy activities (e.g. with schools, services, local businesses) over finding and supporting people with disabilities in communities. WVZ staff noted that given the volunteer nature of the GESI Champions role, there was substantial variation in how much time each Champion devoted to the role, with some far more active than others. The mid-term evaluation also noted that GESI Champions were not finding large numbers of people with disabilities and that this may be because of stigma within communities (which could limit disclosure of disability) or the definition of disability used by the GESI Champions.

GESI Champions noted the importance of receiving training to support them in their roles, and reported that the training they had received from the project had been very beneficial and useful. The main challenges reported were the need to cover the costs associated with their work (e.g. transport costs), and in some cases feeling helpless because of broader economic/financial constraints and the limits of the project.

"I face financial problems with clients because they don't have funds to support themselves to attend meetings and the transport fee, so I need to use my own money." (GESI Champion, Gwanda).

"Financial constraints are the main issue. They [people with disabilities] need to be given the opportunity to sustain their livelihoods... we go there and talk to them and they tell us their problems but there is nothing we can do for them. I have left information but I haven't left any source of income." (GESI Champion, Gwanda)

While the project prioritised recruiting people with disabilities to be GESI Champions, which is a positive example of participation, DPO representatives in Gwanda were critical that the majority of GESI Champions were people without disabilities. However, this did not appear to be a criticism of the role of the GESI Champions more broadly. The same DPO representatives agreed that the GESI Champions had done a good job overall and had made it easier for people with disabilities to participate in society.

Interestingly, although GESI Champions were intended to be part of health clubs, there appeared to be very little collaboration between health clubs and GESI Champions. In Cowdray Park, health club members expressed frustration that GESI Champions appeared to get benefits that people in health clubs didn't receive, such as access to training and assisting with the distribution of wheelchairs (some of which was provided by other organisations beyond the WASH project). This was seen as unfair, and the group called for greater equity in how resources were distributed. More could potentially be done in future projects to encourage collaboration between these two cohorts. Specifically, GESI Champions could focus on supporting greater inclusion of people with disabilities in health clubs, and health clubs could assist with linking people with disabilities with GESI Champions to support their access to other community services and activities. Further defining the role of GESI Champions and promoting this to other groups in the community may also promote collaboration.

Contextual factors limiting outcomes for people with disabilities

In addition to the challenges discussed in the sections above, there were a range of contextual factors external to the project that limited change for people with disabilities. Although addressing these factors was outside of the scope of this project, the points discussed below impacted the project's ability to translate its work in inclusive WASH into broader outcomes for people with disabilities. These issues are not unique to this project – they are common in many under-resourced development contexts – and point to the need for WASH programmers to have a clear understanding of the local disability context at the time when project activities, strategies and expected outcomes are being designed.

Lack of social welfare and disability services

A range of stakeholders, particularly GESI Champions, highlighted the lack of existing social welfare services and disability services in the project areas as a key challenge. This meant that while GESI Champions could refer people with disabilities to services or assist them to register with local authorities for social protection payments, this did not always result in provision of services or benefits.

"In terms of service provision we all know our country is facing economic challenges. I think there is an overwhelming demand for services. In most cases clients come to register on the database and to receive services, but they might not receive services." (Social Welfare Department Representative)

"Like any other group, challenges for people with disabilities are not limited to WASH. They also have particular needs in terms of assistive devices, inclusive education etc... the GESI Champions can provide referral information, but when people get there [to the service], they need money or there is no funding from the government. So they feel that they are stuck, hopeless." (WVZ Representative)

In some cases, lack of access to assistive devices was also reported to limit the extent to which people with disabilities could participate and benefit from project activities. This included attending community meetings and clubs, and using WASH infrastructure.

"I do not attend the health club because my wheelchair is not functioning well." (Woman with disability, Gwanda)

"Some people don't have walking frames so it is a challenge to access [the toilets]." (Woman with disability, Gwanda)

Lack of affordability

As raised earlier, the cost of household water and sewerage connections and monthly bills was a challenge raised by local government authorities, GESI Champions and people with disabilities. While this didn't impact on access to community standpipes (which are free), it did restrict people from benefiting from sewerage works undertaken by the project. In some cases, people with disabilities also reported not being able to afford soap, which impacts on hygiene practices.

"The money for the bills is too much for me, I can't afford it. The amount is the same for people with and without disabilities. Now that I can't work anymore I can't afford the cost." (Man with disability, Cowdray Park)

Although the issues of affordability would affect all households with low income or wealth, it is likely that people with disabilities are overrepresented among this cohort given the significant barriers they face to earning income.

Physical accessibility barriers and costs of transport

While WASH infrastructure developed or refurbished through the project was physically accessible, and GESI Champions advocated for improved accessibility of public buildings, physical barriers prevented some people with physical impairments participating in project activities. This was identified as a key issue by local authorities, GESI Champions, people with disabilities and WVZ staff.

"The main problem [with participating in community activities] is the venues are inaccessible." "The main thing is the road condition which we can't negotiate with a wheelchair. I have to take a taxi." (Men with disability, Cowdray Park)

Challenges with accessing inclusive education

GESI Champions, WVZ staff and local authorities highlighted challenges around inclusion of children with disabilities in mainstream schools. While supporting inclusive education was beyond the scope of the CS WASH project, this is relevant because it limited the extent to which children with disabilities could benefit from school-based WASH infrastructure improvements (because there are limited numbers of children with disabilities currently enrolled in mainstream schools).

Who is still missing out and why?

While the project achieved a high rate of participation of people with disabilities, particularly in Bulawayo, it is likely that not all people with disabilities were able to participate and benefit to the same degree. Stakeholders were aware of this, and identified that those most likely to have been excluded are people with psychosocial and intellectual disabilities, and people who have very significant impairments, which restrict their mobility beyond the household. The need for additional training in this area was identified by local authorities as something that would assist with reaching this 'hard to reach' group.

"The project has reached the physically disabled. Those with hearing and visual impairments, the project has been able to reach. Those with more profound disabilities, those with intellectual disabilities – society does not accommodate them and we have not reached them..." (BCC Representative)

"We haven't evaluated this but I very much doubt that [the benefits] are equal. We have tried very hard to cater for different types of disabilities... People with mental health conditions and intellectual disabilities have not been reached as much..." (WVZ Representative)

The lack of representation of people with intellectual and psychosocial disabilities in DPOs was highlighted as a factor that contributed to difficulties with including people with these types of impairments in the project. High levels of stigma and discrimination towards people with these types of impairments (including within DPOs themselves), and difficulties with communication are also likely to have contributed. For example, representatives from one community health club in Bulawayo mentioned they had tried to include a woman with an intellectual or psychosocial disability but she didn't understand so had not participated.

In terms of people with more significant or complex impairments, there were a few instances reported of GESI Champions who had found people with high support needs through household visits and assisted with referrals to disability and health services. While this is positive, in future projects it would be worth also considering how to address the specific WASH needs of these people, to ensure they also benefit from the WASH outcomes of the project.

People who are deaf or hard of hearing are also likely to have benefited less than those with physical or vision impairments. The project implemented a range of strategies to facilitate their inclusion. These included consulting and involving ASSOD (a deaf DPO), developing sign language DVDs of hygiene promotion materials and teaching sign language to GESI Champions. While these efforts should be commended, broader structural issues surrounding inclusion of people who are deaf or hard of hearing (primarily lack of availability of sign language interpreters), prevented the full inclusion of this group.

"We realised if there was no sign interpreter, people [who are deaf] would not come to meetings. So the sign language DVDs were designed to help them... we had to educate the local authorities and GESI Champions with tools for communication when there was no interpreter available..." (WVZ Representative)

One representative of ASSOD reported changes in community attitudes because of the project, but also noted the continuing high degree of stigma and discrimination facing people who are deaf and hard of hearing, and felt this contributed to their lack of involvement in the project.

Many of the people with disabilities consulted in the study also appeared to be from above average socio-economic backgrounds. This was particularly the case for men with disabilities interviewed during the study. It is unclear whether this was a sampling issue, or representative of those who participated in the project. Many of these people were either employed or business owners and were therefore respected and included in the community because of their level of education, wealth or expertise.

"Society is now accepting that people with disabilities are also people. However there is different treatment for people with disabilities who are highly educated than for those without education. Society differentiates according to [what] people can afford." (BFDZ Representative)

This was likely influenced by the fact that the local DPO in Gwanda was primarily an association of business men with disabilities, but may also reflect the reality of Gwanda being a transient mining town where people come to engage in work. It is likely there are more people with disabilities in Gwanda from lower socio-economic backgrounds who may not have participated or benefited from the project to the same extent as those interviewed.

It is also likely that children with disabilities may not have benefited to the same extent as adults as many of the activities related to children, such as health clubs, were completed in schools where very few children with disabilities are enrolled. At an individual level, support and guidance for caregivers of children with disabilities was largely provided by GESI Champions, however the level of this support appears to have varied depending on the experience and capacity of individual GESI Champions. A grandparent in Cowdray Park reported that the advice of a GESI Champion who had previously been a community health worker was instrumental in guiding the support she gave to her grandson who had a complex physical disability. By contrast, the parents of a child with disability in Gwanda reported never having been visited by a GESI Champion or receiving advice or training, and reported some household WASH practices that could potentially have caused harm to their son (such as leaving him unattended to fetch water and limiting his toileting to once per day). Although only a small number of such examples were seen, it is likely that the project could have been strengthened through a more deliberate focus on identifying and supporting the WASH needs of children who depend on family members for accessing WASH.

3.5. Impact on other stakeholders' approach to people with disabilities

The CS WASH project contributed to a range of changes in how local government and World Vision staff approach people with disabilities and disability inclusion. These include changes in personal attitudes and approaches towards people with disabilities and changes in organisational approach to disability inclusion.

Impact on local authorities

Representatives of local authorities consistently demonstrated increased awareness of disability rights and improved attitudes towards people with disabilities. Many were able to identify barriers to inclusion that still needed to be addressed, such as physical barriers and communication barriers, indicating an awareness of the social/rights based model of disability. Many stakeholders also reported a change in attitudes of council staff since the start of the project.

"Regarding the Municipality of Gwanda, at the beginning they had attitudes when looking at a disabled person...they would look at me and think what can he do when he doesn't work. But now they have changed. The treatment and behaviour has changed. I can now go anywhere with them, they listen to me when I have ideas, and some of the decisions come from disabled people."
(BFDPZ Representative)

"I am very much confident because the attitude has changed. Everyone is singing the same song now. I am very happy with the middle managers and leadership... I feel there is still much to do but I am confident that we will achieve things." (MoG Representative)

Increased awareness and improved attitudes have also translated into policy changes and concrete actions within local authorities which should make tangible differences to people with disabilities. Notably, both BCC and MoG have now drafted and approved council-level disability policies to guide disability inclusion within council activities. These are the first councils in Zimbabwe to do this and this was seen as a significant achievement by both local authorities, WVZ and DPOs. While it is too early to see the impacts of these policies, there is an expectation that this will help ensure sustainability of the gains made to inclusion across both councils and ensure wider benefits for people with disabilities beyond the project.

Other examples of practical changes in the practices and approach of local authorities include:

- Council planning approval processes now include consideration of disability accessibility.
- Council is insisting that all public buildings in Gwanda are disability accessible. While this is law, it was not being followed previously.
- Council budget consultations in Bulawayo now include people with disabilities.
- Data collected about people with disabilities is being used to follow up with other government stakeholders about various issues.
- Ramps have been installed at council offices in both Bulawayo and Gwanda.
- A GESI thematic team now exists within MoG and BCC which conducts monthly meetings.

- MoG is now more open to employing people with disabilities and making reasonable accommodation for staff who have acquired disability.
- The Bulawayo housing office is now using sign language to communicate with deaf people who visit the office to register, and reported being more respectful to people with intellectual disabilities.

Despite these positive outcomes in relation to changes in local authorities' approach to people with disabilities, results from pocket voting in FGDs regarding the capacity of local authorities to deliver disability inclusive services was mixed. This was particularly notable in Cowdray Park (see Figure 4), where people with disabilities tended to provide more negative responses to this question compared to other FGD participants (not shown in the figure below). This may indicate a lack of knowledge or trust among people with disabilities in the local authority's capacity to deliver WASH services more broadly, or could indicate scepticism in the extent to which policy initiatives will result in real change. In Gwanda, the high number of positive responses was potentially influenced in part by the overrepresentation of active DPO members and businesspeople in the FGDs.

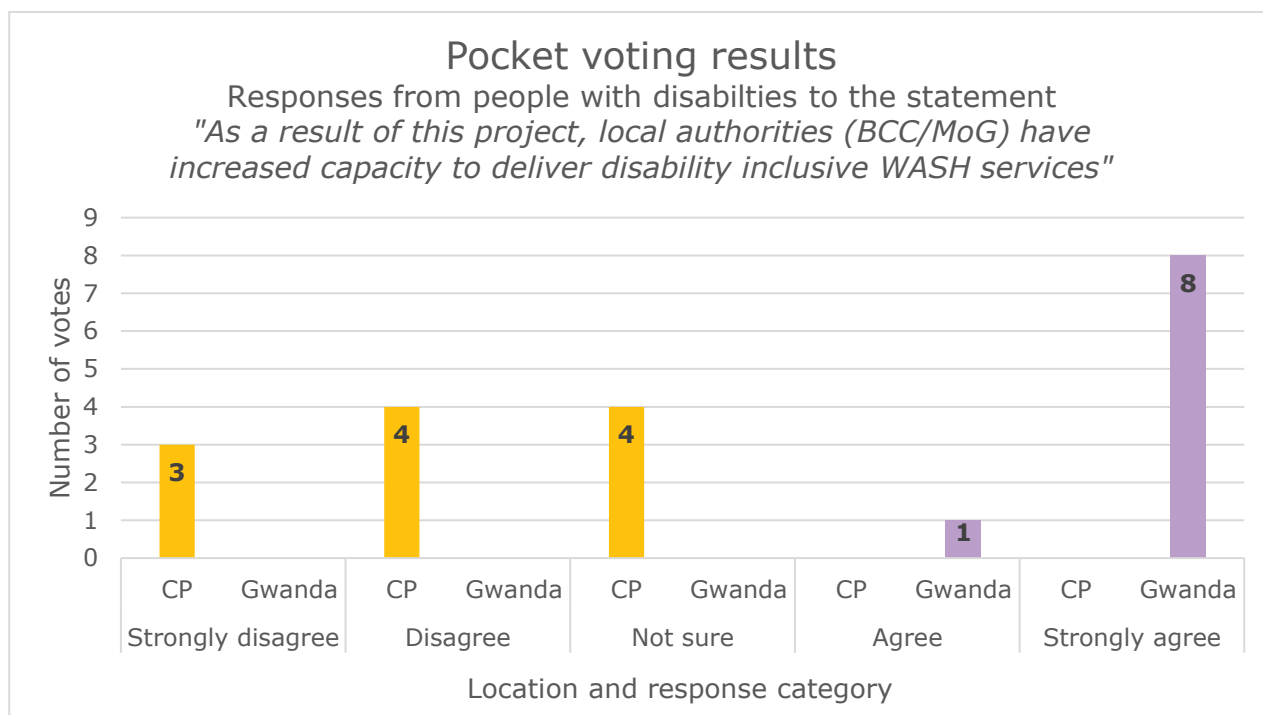


Figure 4: Results from pocket voting exercise completed with FGD participants who have a disability in relation to capacity of local authorities to deliver disability inclusive WASH.

Local council representatives in both Bulawayo and Gwanda noted that training and awareness raising on disability inclusion had directly prompted changes in their work practices.

"Originally we thought that putting [the taps] up higher was better but now we know that is not the case. This has changed the way we do our work." (BCC Engineer)

"Yes, I received training on disability once.... That's when we started including people with disabilities in the health clubs and also looking at accessibility." (MoG Representative).

The features of training that appeared to have the most impact included:

- Highlighting that disability can be acquired, and therefore happen to anyone at any time.
- Providing practical strategies to improve accessibility of infrastructure (e.g. height of taps, ramps).
- Supporting people to use respectful language to describe disability.
- Outlining the concept of barriers, and focusing on removing barriers so that everyone can participate.

Training conducted in Victoria Falls for senior managers within local authorities early in the project was also highlighted as being particularly influential. Stakeholders noted the importance of this in gaining buy-in from senior managers and paving the way for policy level change within local authorities. This training was very highly attended, which was partly attributed to the appealing location.

As outlined in section 3.2 above, local authorities noted the role of DPOs and people with disabilities within the project (including as trainers and committee members) as being critical in improving attitudes and creating awareness of the need for disability inclusion.

"[The involvement of people with disabilities in the WASH Project] has made a great difference. It helped in changing the mindset and attitude of how council does business." (BCC Representative)

Finding and supporting disability champions within local authorities was also critical in supporting broader council-wide change. In BCC, a GESI focal point was nominated early in the project, who supported the GESI Champions and advocated for inclusion within council activities. In Gwanda, while there is no formal GESI focal point within council staff, a DPO representative has been selected to take this role and participate in the Council GESI thematic group and the gender focal point. There was also no gender focal point until year 3 of the project, which may have contributed to less outcomes from the GESI Champions in this location. There were however vocal advocates at the council level in Gwanda which helped the development and approval of the disability policy. Collaboration and peer support between BCC and MoG Council focal points was facilitated by the WV GESI Facilitator which appeared to assist in building momentum for inclusion within MoG.

Impact on World Vision Zimbabwe

Improved attitudes and greater awareness of disability inclusion and the rights based model of disability were also evident within WVZ.

"Personally the way I now perceive people with disabilities has changed greatly. When previously I received training on disability I was a bit scared. Now I know they are just the same as us. They can do the same things and even more than us." (WVZ Representative)

"There has been a significant change in terms of attitudes. Through trainings, staff and communities now understand about barriers and how we can contribute to disability if we do not provide accessibility... we tend to now accept people as they are." (WVZ Representative)

"At first World Vision employees seemed to have an attitude towards people with disabilities, but maybe the project was also new to them. But after a series of

trainings I have noticed a great change. On a scale I would rate the World Vision employee attitude at over 90% positive.” (BFDPZ Representative)

Similar to the local authorities, WVZ has developed and approved an organisational disability policy to outline the organisation’s commitment to disability inclusion and guide its approach in terms of organisational inclusion and inclusion in programs.

Throughout project implementation, WVZ staff became more aware of the need to be disability inclusive which has influenced other activities within WVZ beyond the project. For example:

- Questions on disability were included within the baseline survey for WVZ Area Development Programs, and program managers of these programs are increasingly asking the GESI Facilitator for advice on inclusion.
- Plans are in place to improve physical accessibility of the World Vision office.
- There is now a disability working group comprised of staff from each department across the organisation.
- People with disabilities and DPO representatives are now invited to attend WV workshops and presentations, and accessibility is actively considered in these meetings.
- Human resources and recruitment practices are now more inclusive and accessible.
- The WASH Department have now become champions for inclusion within WVZ and are becoming mentors for other departments.

Staff from WVZ consistently reported the importance and value of training as being instrumental in increasing knowledge and awareness of disability inclusion and prompting disability inclusive practices. This was a key part of the GESI Facilitator’s role.

“In 2017, [the GESI Facilitator] made a presentation on mainstreaming disability inclusion. This hasn’t been happening in the past. Now there is a desire for every program to embrace disability inclusion. It has helped to change the attitude of World Vision staff... Disability is very close to us now.” (WVZ management representative)

As outlined in section 3.2 above, the active role of DPOs and people with disabilities within the project was critical in improving attitudes and creating awareness of the need for disability inclusion. For WVZ, partnering with FODPZ and recognising that meetings with FODPZ representatives could not be held at World Vision offices because they were not accessible was very powerful, and highlighted the importance of accessibility.

A number of World Vision representatives noted that the project’s focus on disability inclusion came at an opportune time for World Vision Zimbabwe, in that World Vision International had just launched a new strategy, *Promise 2030*. This Strategy included a key focus on supporting the most vulnerable, including people with disabilities. This helped to create an organisational commitment to disability inclusion within senior managers, which created an enabling environment for disability inclusion within the project.

3.6. Unintended effects of the project

Positive impacts

The project has prompted a range of unanticipated broader impacts related to disability inclusion which were beyond the scope of the project. Many of these have already been discussed in other sections of the report but are summarised here.

The extent to which the local authorities have committed to disability inclusion and commenced municipality-wide responses to disability beyond project areas, and beyond WASH, was unexpected. Both BCC and MoG have replicated the GESI Champion model and expanded this beyond the original project area. In Bulawayo, there are now 550 GESI Champions across 22 wards, and in Gwanda there are now about 40 GESI Champions. The GESI Champions have become a link between people with disabilities, councils and other organisations and are now autonomous from the project and directly reporting to the local authorities.

The development of the Council disability policies was also unintended in the project design but was identified by participants as needed during the disability training at Victoria Falls. The training has prompted council-wide changes in practices. Councils have allocated budgets to improve accessibility of public buildings across both municipalities, and changes in planning processes will influence accessibility of new buildings. DPO representatives in Gwanda have recently been approached by the Gwanda Rural District Council (a neighbouring council to MoG) to assist in developing their own disability policy as a result of learning about the policy now in place at MoG.

Within schools, disability awareness training has also prompted additional improvements to physical accessibility. At Jahunda Primary School in Gwanda, the School Development Committee was so concerned about problems highlighted during an accessibility audit of WASH facilities completed by the project, that they used their own resources to improve accessibility of the entire school. BCC is now also revisiting WASH infrastructure at schools constructed before the CS WASH Project and adapting this to be accessible.

BCC is now also advocating for disability inclusion within new WASH projects. For example, the council was recently involved in designing a new WASH program with funding from the African Development Bank (AfDB), which will involve construction of community WASH infrastructure and household water and sewer connections. BCC was successful in advocating to AfDB for the use of the accessible design for water points and toilets developed by the CS WASH project.

"When the AfDB project did the budgeting for the public toilet upgrading, they didn't consider the GESI components. We had to call a meeting and advise them what we needed in terms of GESI. The AfDB Engineer did not understand what we wanted so we had to call World Vision and FODPZ to have a meeting. We had to keep telling them this was what we wanted. Then they agreed to revise the budget." (BCC Representative)

The broader impact on World Vision as an organisation was also not anticipated. While World Vision Zimbabwe had a disability focal point before the project, this person was not very active in this role due to other competing priorities. The GESI Facilitator from the project was able to work with the organisational focal point to build his capacity and increase internal momentum towards disability inclusion. This resulted in the development of the disability working group, and greater awareness of the need to address disability inclusion within Area Development Programs. The GESI Facilitator also attended strategic meetings with World Vision internationally and has been

successful in influencing other World Vision offices to strengthen their approach to inclusion. For example, an M&E advisor from Swaziland learnt about the Washington Group Questions on disability and has adopted their use.

Negative impacts

There were very few negative impacts reported by people with disabilities and other stakeholders to have resulted from the project. Those reported also appeared to be single occurrences rather than representative of a broader issue within the project. Nonetheless, it is important to document these to ensure that future projects are aware of the potential for negative outcomes and take steps to reduce their likelihood.

All of the negative impacts reported by people with disabilities arose from their involvement in community meetings or events. In Cowdray Park, people with disabilities participated in community sensitisation meetings as part of the project design. During one of these meetings, a decision was made to not proceed with construction of public toilets because of the lack of community support. Following this meeting, people with disabilities reported being blamed by other community members for this decision, and told they were “on their own” when it came to community collaboration for funeral expenses. It is unclear why people with disabilities were ‘blamed’ for this decision as they did not appear to be directly involved in making the decision.

In Gwanda, there were two instances reported by women with disabilities where their participation in project activities appeared to have a negative impact on their self-esteem and sense of belonging. The first was outlined earlier in the report, and involved a woman with disability being laughed at and made fun of during her participation in a community roadshow. The second involved negative outcomes from participation in community meetings, which resulted in some women with disability feeling less included in the community.

“I am now afraid to attend the meetings because we end up feeling inferior as if we do not belong to the community. Before we even say anything they look down on us because of their attitude.”

These examples highlight the importance of creating an enabling environment and promoting positive attitudes towards people with disabilities as a key strategy of supporting their participation. While participation in itself is also a useful strategy to promote positive attitudes and awareness, there is a risk that this will not be a positive experience for people with disabilities if it is not accepted by the community.

Project implementers need to work closely with local DPOs and people with disabilities themselves to gauge when and how people with disabilities should participate in project activities and ensure this is supported by other training and awareness raising activities within communities about disability and rights. It is also important to set up monitoring mechanisms within projects to assess whether negative impacts are occurring to enable projects partners to respond accordingly.

One other negative impact was raised by a GESI Champion in Bulawayo, again as a once off incident. The GESI Champion described almost being assaulted by a person with a disability, because he thought the GESI Champions were receiving funds from the project and not passing these on to people with disabilities. This appeared to stem from a misunderstanding about the role of GESI Champions, and highlights the importance of communication with all stakeholders about the purpose and role of any volunteers or other structures established in communities during projects.

3.7. Sustainability of disability inclusion outcomes

There are many strong indications that the outcomes of the project in relation to disability inclusion will be sustainable.

With regards to improvements in access to WASH, accessibility of WASH infrastructure constructed during the project should be sustainable, provided accessibility features are maintained as part of regular ongoing maintenance. However, much of the infrastructure constructed during this project was a short term solution pending household water and sewer connections, so it will be important that accessibility and affordability is prioritised during future projects to maintain and continue to improve access for people with disabilities. Indications to date about the priority given to accessibility within the upcoming AfDB project in Bulawayo suggest this should be achievable.

Attitudinal change within the community and improved inclusion in community activities should also be sustainable, provided that people with disabilities continue to be given opportunities (such as those provided by health clubs) to meaningfully interact with the broader community. GESI Champions have a key role to play in this regard, in continuing to advocate for inclusion in communities, and keeping this on the agenda.

When asked whether they would continue their work beyond the project, GESI Champions generally agreed that they would continue. The main reasons provided for this were that they had now developed relationships with people with disabilities.

"As long as I am alive and healthy I will continue with the program. As long as I have the love I have and the council is supporting us we will continue our work."
(GESI Champion, Bulawayo)

"Yes, I will continue because I now have relations with people with disabilities."
(GESI Champion, Bulawayo)

The fact that local councils independently of the project are now supporting GESI Champions is a positive step for sustainability. However there are always risks associated with the sustainability of long term volunteerism and the potential for volunteer burnout. There is also a need to consider how to continue to strengthen the skills of GESI Champions and maintain the momentum established through the project. This could be through refresher trainings provided by local council or World Vision and/or their engagement in future projects. Local authorities could also consider reimbursing GESI Champions for costs associated with their work, such as transport costs, which may provide an incentive for continuing in the role.

The fact that both local authorities have now adopted disability policies should assist in ensuring the sustainability of the broader outcomes seen at a council level in regards to disability inclusion. However, it is well known that policies are only valuable to the extent that they are implemented, so this should not be seen as a given. Both Councils will need to continue to resource disability inclusion, through focal points and the thematic groups to support implementation of their policies.

Within World Vision, there is a major risk that momentum towards disability inclusion will be lost if the role of GESI Facilitator funded by the project is not continued. While there is broader buy-in and awareness about the importance of disability inclusion across the organisation, the GESI Facilitator holds a significant amount of knowledge and experience in implementing inclusive approaches and the relationship with the DPOs. World Vision should consider whether this role could be adapted into a similar

full time role to support disability inclusion across the Zimbabwe country program, rather than tied specifically to one project. This would allow the GESI Facilitator to continue to build the capacity of the organisation and to consolidate approaches to disability inclusion.

4. Conclusions and Recommendations

Experience from this project shows that, with the right strategies and appropriate resourcing, mainstream inclusive WASH projects can have significant impact on access to WASH and other rights for people with disabilities. This was true even for a project focused on public infrastructure (water and sewer mains), rather than household-level WASH where the entry points for disability inclusion are more obvious. Evidence from this project (and others) shows that improved access to WASH can make profound changes in the quality of life of people with disability.

In this project, the active role of DPOs and people with disabilities, right from the beginning, helped highlight their capacity and ensure inclusion strategies met their needs. This was part of a comprehensive approach taken to disability inclusion, which focused not just on practical access to WASH, but raising awareness of rights and challenging negative attitudes. These planned activities were implemented effectively because they were well resourced within the project, and driven by a dedicated staff member (the GESI Facilitator). The GESI Facilitator's personal attributes also contributed to the success of this role. Her passion and energy, personal drive and problem solving skills were critical in overcoming the various barriers faced by the project. It is clear that having dedicated human resources to progress disability inclusion was instrumental in achieving the level of involvement of people with disabilities in the project, and the meaningful impact achieved.

The key lessons for disability inclusive WASH practice which this project provides, as well as recommendations for WASH implementers and specific stakeholders, are summarised below.

4.1. Recommendations for WASH project implementers

- 1. Invest adequate time and resources to understand the context for people with disabilities** – WASH implementers should seek out contextual information about the barriers which prevent people with disabilities from accessing WASH. In this project the detailed qualitative disability assessment, which was conducted after the baseline survey, was instrumental in gathering the information required to design effective strategies for inclusion. The accessibility audits were also highly effective in understanding barriers to accessing WASH, and particularly in helping other stakeholders to understand these. While the baseline survey collected disability-disaggregated data, and was effective in identifying people with disabilities to be followed up later, on its own this was insufficient to guide the design of inclusion strategies.
- 2. Engage DPOs to take part in planning and implementing strategies for inclusion** – having DPO involvement in this project was crucial in enabling project staff to find and mobilise community members with disabilities and ensuring that WASH facilities and processes were accessible. It was also instrumental in raising awareness about disability inclusion and addressing attitudes and assumptions among World Vision staff, government officers and community members without disabilities.

Factors that enabled the effective participation of DPOs included:

- Intentionally setting out to form a partnership arrangement (and formalising this in a written MoU), rather than engaging a DPO as a technical consultant for individual tasks;
- Involving the DPO right from the beginning of the project (at proposal stage);
- Allocating project budget to cover the DPO's time and costs and any accessibility requirements such as additional transport, support people and Braille translation; and
- Investing time in building DPO members' capacity in WASH so that they could engage meaningfully in project activities and provide appropriate advice.

- 3. Involve people with disabilities in active and public roles in project planning and implementation** – Where people with disabilities and DPOs did participate in the project, this had a clear positive impact on the outcomes of the project, primarily by raising awareness, promoting positive attitudes towards people with disabilities and improving community cohesion. It is important that people with disabilities are engaged (and seen by others to be engaged) in active, productive and valued roles, rather than being seen as passive beneficiaries.

Participation will also require **taking steps to address barriers such as lack of transport or inaccessible meeting venues**, or coming up with alternative solutions where addressing these barriers is beyond the scope of the project.

At the same time, however, it is important to **create an enabling environment for participation and promote positive attitudes towards people with disabilities**. Otherwise, there is a risk that their participation will not be a positive experience if it is not accepted by the community. WASH implementers should work closely with local DPOs and people with disabilities themselves to gauge when and how people with disabilities should participate in activities.

- 4. Prioritise awareness raising and other attitude change strategies for inclusion** – While physical barriers in accessing WASH were significant in this project, negative attitudes and behaviour from community members compounded people with disabilities' difficulties in accessing water and sanitation prior to the project. Addressing negative attitudes was equally as important as constructing accessible infrastructure in enabling access to WASH, and must be a critical part of disability inclusive WASH projects. It was also essential to achieving positive outcomes from efforts to include people with disabilities as participants in various project activities and processes.

Although **attitude change strategies should be adapted to suit each different project context**, examples of those used by this project are:

- Training for program implementers, local authorities and community members.
- Community awareness activities such as billboards and community drama.

- Establishing community advocates (GESI Champions) to work individually with people with disabilities and local services/businesses to advocate for inclusion.
- Establishing health clubs comprised of people with and without disabilities and encouraging their involvement in other community meetings.
- Providing training to people with disabilities on rights and self-advocacy to encourage their participation.
- Active involvement of people with disabilities within monitoring and evaluation activities.

5. Create opportunities for people with and without disabilities to develop relationships by interacting and working together – having people with and without disabilities working together in groups or joint roles where they have a common purpose (such as in health club, steering committees, or as community volunteers or survey enumerators) can raise awareness and challenge negative stereotypes about disability by allowing people to get to know each other, and enabling people with disabilities to be seen in productive and respected community roles.

6. Consider the WASH needs of people with more complex disabilities – as these people are more likely to depend on the assistance of other household members and caregivers to meet their WASH needs. Outreach to these households and engaging family members are important strategies for ensuring all community members benefit from improved access to WASH.

7. Support and/or advocate for inclusive policy and practice change within public sector WASH stakeholders – this project’s engagement of local councils not only around WASH infrastructure and service delivery, but also in relation to promoting positive attitudes towards disability inclusion, was a key element supporting the sustainability of inclusion outcomes. Project strategies contributing to this included:

- advocating to and coordinating activities with various government departments and offices;
- establishing working groups that brought together different public offices, DPOs and World Vision staff;
- identifying inclusion champions within government and supporting them to advocate internally for change; and
- training government staff from a range of levels and offices.

8. Provide training on disability inclusive WASH to key sector stakeholders – the features of training that appeared to have the most impact included:

- involving people with disabilities as facilitators or contributors;
- highlighting that disability can be acquired, and therefore happen to anyone at any time;
- providing practical strategies to improve accessibility of infrastructure (e.g. height of taps, ramps);
- supporting people to use respectful language to describe disability; and
- outlining the concept of barriers, and focusing on removing barriers so that everyone can participate.

9. Clearly communicate the priority and rationale of focusing on inclusive WASH within communities – This should also extend to communicating the

purpose and scope of any roles or structures created by a project which have a deliberate focus on disability inclusion, to make sure that people with disabilities are not perceived to be receiving unwarranted preferential benefits or treatment.

- 10. Address affordability of WASH services** – people with disabilities may have less capacity to pay for water and sanitation because of barriers to participating in livelihoods activities. Program implementers should consider whether subsidies should be put in place for people within communities who are very poor (including some people with disabilities) to support equitable access to household WASH infrastructure.
- 11. Ensure collaboration between different community structures or parts of the project** – in this project there appeared to be little collaboration between GESI Champions and Community Health Clubs. These could have worked more closely together to ensure that when people with disabilities were identified they were broadly included in project activities.
- 12. Prioritise involvement of people who are likely to be the most marginalised, including people with intellectual and psychosocial disabilities and people who are deaf or hard of hearing** – this may require targeted resources or technical support and specific capacity building in this area, particularly if there are no local organisations or informal groups representing these communities.
- 13. Ensure projects have adequate human resourcing for inclusion** – The role of the GESI Facilitator within WVZ, and the disability focal points within local councils were critical in ensuring that plans around disability inclusion were implemented in practice. Without these targeted human resources, it is unlikely the project would have had the same level of outcomes for people with disabilities.
- 14. Take steps to locate and support the WASH needs of households of children with disabilities who are out of school** – while building accessible WASH facilities in schools is an important strategy for inclusion, in many cases children with disabilities are not attending schools for a variety of reasons which a WASH project may not be able to address. Project implementers should be mindful that reaching this target group may require additional efforts to locate and support children within disabilities at the household level.

4.2. Recommendations for World Vision

- 15. Human resourcing for disability inclusion** – The GESI Facilitator role has been instrumental in driving the successful approach to disability inclusion in this project. Consideration should be given to adapting this role to support disability inclusion across the WVZ Country Program. This role could support capacity development of project/sector level disability inclusion focal points.
- 16. Partnering with DPOs** – The partnership with FODPZ has been a successful component of the project. WVZ should consider replicating this for future projects to enable participation of people with disabilities throughout the project cycle.
- 17. Monitoring and evaluation** – There were many examples of good disability inclusive practice within the project's M&E processes, including the disaggregation of baseline survey data, engagement of people with disabilities

as enumerators, involvement of DPOs and undertaking of a targeted qualitative disability assessment. All of these should be adopted as standard or recommended practices within WVZ's M&E department and any guiding frameworks used by its staff. Note that this would require some technical guidance and training for staff to ensure effective and appropriate M&E approaches are applied across different programming areas.

18. **WASH programming frameworks** – The success and lessons learnt from this project could be used to develop standard disability inclusion approaches or frameworks to be applied across all future WASH projects.

4.3. Recommendations for CBM or other technical partners

19. **Advocate strongly for involvement in initial project design activities so that disability inclusion can be fully integrated from the beginning of a project.** Encourage project partners to also engage DPOs right from the proposal stage of projects.
20. **Encourage project partners to share general information about how the project is progressing and what activities are in the pipeline.** This will help technical advisers to identify potential entry points for disability inclusion that may not have been considered by the partner.
21. **Ensure any training materials developed are fit for purpose and focus on the skills and practical strategies needed by project stakeholders to enable disability inclusion.** Pilot training materials and seek feedback from training recipients prior to using more broadly within a particular context.
22. **Identify opportunities to engage project implementers and other stakeholders beyond the scope of a particular project** – for example, at the level of organisational inclusion, or developing broader programming or monitoring approaches.

4.4. Recommendations for the final project evaluation

23. **Identify and consult with additional people with disabilities in different areas of Cowdray Park and Gwanda** through qualitative data collection tools to determine whether positive impacts have been very localised or more widespread. Additional people with disabilities could be identified by including the Washington Group Questions on disability in end line survey. Additional consultations should prioritise:
 - People with different types of impairments (particularly hearing, intellectual and psychosocial impairments).
 - People with disabilities in Gwanda within the vicinity of the public latrines constructed to determine whether they were appropriate and are being used.
 - People with disabilities in Gwanda from lower socio-economic groups
24. Structure the end line survey to **enable assessment of intra-household access to WASH, rather than just household level access.** This could involve asking whether there is anyone in the household that has difficulty accessing sanitation or water, and if yes, why.

Annexes

Annex 1: Terms of Reference

Terms of reference: World Vision CS WASH Zimbabwe project – Disability inclusion impact study

November 2017

Background

CBM Australia has a partnership with World Vision to support disability inclusion within World Vision's CS WASH Fund Project in Zimbabwe. This AUD3.8m project is funded by Australian Aid and operates in two locations in Bulawayo (Cowdray Park and Robert Sinyoka) and the small town of Gwanda. The project goal is *'to increase the adoption of improved hygiene practices and sustained equitable use of water and sanitation facilities of the target population in Bulawayo and Gwanda Town.'* Project interventions comprise working with local government to improve water and sewer infrastructure for households, schools and public locations, and improve hygiene practices. There is a strong disability focus and the Federation of Organisations of Disabled People in Zimbabwe (FODPZ) works as an implementing partner with WVZ, Bulawayo City Council (BCC) and the Municipality of Gwanda (MoG).

CBM Australia has been involved in the project through providing technical advice, capacity development support, mentorship of WVZ staff and brokering relationships between WVZ and DPOs, starting from the design phase of the project. In the final year of project implementation (2017-18), CBM proposed that it conduct an evaluative process to collate existing evidence and collect targeted additional evidence to support reflection and learning on the application and impact of disability inclusion efforts in the project. Rather than being an evaluation or appraisal of the project, the process was intended to have a focus generating findings and recommendations which could help inform future approaches to disability inclusive WASH.

Purpose

The purpose of this study is to assess the impact of the project on the lives of people with disabilities and their families and what inclusion strategies were most effective in bringing about change. This will inform World Vision and CBM Australia's approaches to disability inclusion in WASH projects, as well as how CBM Australia structures and provides technical advice and capacity development inputs into WASH and other development projects. The evidence and findings from this study are also intended to inform the end-of-project evaluation of the project, which will be commissioned by World Vision, and to provide more in-depth qualitative information on disability inclusion to complement the wider scope of the evaluation.³

³ The following relevant expected changes and impacts are defined in the project theory of change and are expected to be assessed in the final evaluation:

- People With Disability in Bulawayo and Gwanda have capacity to collect data on disability and have increased knowledge on advocacy issues
- MoG and BCC staff together with FODPZ have capacity to design, develop and disseminate inclusive PHHE material.
- Staff of BCC and MoG have improved understanding of Gender and Disability issues and about specific hygiene needs for women and girls with respect to menstrual hygiene.
- BCC, MoG, residents and schools demonstrating inclusive practices and policies in regards to Disability and Gender

Key Learning Questions

1. How were people with disabilities and DPOs involved in the implementation of the project?
 - a. What impact did this have on the outcomes of the project?
 - b. What impact did this have on the capacities of DPOs to achieve their goals?
2. How effective were CBM's roles and inputs in supporting disability inclusion?
 - a. Which activities or inputs had the greatest impact? Which activities or inputs have made less of a difference?
3. What impact has the project had on the lives of people with disabilities and their families?
 - a. What contributed to those changes? What factors limited change?
 - b. What activities made the greatest difference to the lives of people with disabilities and their families? Which activities made less of a difference?
 - c. Who is still missing out and why?
4. What impact did the project have on other stakeholders' – community members, local government, and WVZ – approaches to people with disabilities?
 - a. What contributed to those changes? What factors limited change?
5. Have there been any unintended effects of the project – positive or negative?
6. To what extent are the changes resulting from the project likely to be sustainable?

Methodology

A full evaluation methodology will be developed prior to commencement.

The evaluation will be primarily qualitative. A desk review of project documentation and monitoring reports will be undertaken to gather information in response to the key evaluation questions.

In-country field work will be undertaken by the evaluation team. This will take place in Bulawayo City and Gwanda Town in the three project sites. This will involve speaking to a wide range of people involved in the project, including:

- People with disabilities and their families
- Community members living in the project target areas
- Representatives from DPOs including the Federation of Organisations of Disabled Persons in Zimbabwe (FODPZ) and National Council of Disabled Persons of Zimbabwe (NCDPZ)
- World Vision Zimbabwe staff and partners
- GESI champions
- Representatives from Bulawayo City Council and the Municipality of Gwanda
- Representatives from other government departments involved in the project (e.g. Department of Social Welfare, Department of Women's Affairs and Gender)

A combination of semi-structured interviews and focus group discussions will be used involving both men and women (separately where appropriate). CBM's Monitoring on

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- People with disabilities have access to appropriate and inclusive WASH services

Inclusion toolkit will be used to help structure discussions and quantify changes in key domains at the individual, family, community and government levels.

Study Team and Responsibilities

The study will be carried out by a team comprising

- CBM Australia Disability Inclusion Advisors x 2
- FODPZ Representatives x2
- World Vision Zimbabwe staff x2

Locally engaged interpreters will be engaged as needed.

CBM Australia representatives

- Develop the terms of reference in consultation with WV and FODPZ
- Develop the study methodology in consultation with WV and FODPZ
- Lead the desk-based review and in-country field work
- Write the final report in partnership with WV and FODPZ

World Vision Australia

- Review and contribute to the study TOR
- Review the draft study report

World Vision Zimbabwe

- Review and contribute to the study TOR and methodology
- Provide project reports and monitoring data to the evaluation team to support the desk based review
- Responsible for logistics of the in-country field work, including transport, arranging meetings with key stakeholders and community visits, engaging interpreters
- Participate in the in-country field work
- Contribute to the study report

FODPZ

- Review and contribute to the study TOR and methodology
- Participate in in-country field work
- Assist WVZ with identifying people with disabilities to participate in the evaluation
- Contribute to the report

Timing

15 December 2018	Methodology finalised
January 2018	Desk based review
15-26 January 2018	In-country field work (methodology TBC) <ul style="list-style-type: none"> - Orientation and planning x 1 day - Data collection Bulawayo x 3 days - Data collection Gwanda x 2 days - Data analysis & presentation of preliminary results x 2 days

28 February 2018	Draft report shared for comments
16 March 2018	Final report completed

Annex 2: Desk review - Project documents reviewed

Project Phase	Documents reviewed
Inception	Baseline evaluation: Inclusive WASH Project, Zimbabwe (Jan 2014)
	CS WASH Project Disability Assessment Report (Jun 2015)
	Briefing on Baseline and Disability Assessment Activities
Implementation	CS WASH Disability Accessibility Audit Report (May 2015)
	CBM Trip reports (and relevant annexes): <ul style="list-style-type: none"> • Trip Report 1 Sep 2014 • Trip Report 2 Feb 2015 • Trip Report 3 May 2015 • Trip Report 4 Jan 2016 • Trip Report 5 Sept 2016
	An Introduction to Disability Inclusive WASH for CSO WASH Project Fund 2 (training module document)
	GESI Champions Review Workshops Report (Sep 2016)
	GESI Champions Review Workshops Summary of GESI Champions Feedback PowerPoint presentation (Sep 2016)
	WVZ Water, Sanitation and Hygiene Equity and Social Inclusion Framework (draft)
Monitoring	CS WASH Fund II Project Reporting Tool 2015/16
	CS WASH Fund II Fund Management Team Feedback Report 2015/16
	CS WASH Fund II Project Reporting Tool 2016/17
	CS WASH Fund II Fund Management Team Feedback Report 2016/17
	Mid-Term Review: Inclusive WASH Project, Zimbabwe (May 2016)
	Supporting Community-Based Volunteers as a Strategy for Enabling Disability Inclusion: Lessons learnt from a peri-urban WASH project in Zimbabwe (GESI Champions case study document; 2017)
	Individual stories (collected 2017)
	Case study: Partnering with a national DPO to undertake accessibility audits and provide advice and training to a mainstream WASH project (DPO inquiry case study – FODPZ)
	Case study: Involving volunteers from a local disabled persons' group on a project steering committee (DPO inquiry case study – NCDPZ)
	Creating Environments to Support Participation of People with Disabilities in Public Service Delivery (WEDC Conference Briefing Paper; 2016)