



LEAVING NO ONE BEHIND:
LESSONS IN PRACTICING GENDER EQUITY AND SOCIAL INCLUSION
(GSI) IN VIETNAM WOMEN-LED OUTPUT BASED AIDS (WOBA)



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Cover: TN/EMWF, DRD and members of Tay Ninh People with Disabilities Clubs socializing during the learning exchange visit to Tay Ninh Province

Pg. 5: Ms. Ngo Thi Lien, a PWD in Ben Tre Province, showing where and how she gets to her latrine everyday

Below: TN/EMWF, DRD, VIHEMA and members of Tay Ninh People of Disabilities Clubs in Tay Ninh Province.



Introduction

For three decades, Thrive Network/East Meet West (TN/EMWF) programs have benefited underserved populations in Asia with its mission to improve their health and well-being through evidence-based programs in the areas of water, sanitation, and hygiene (WASH). Under the Water for Women (WfW) Fund supported by the Australian Government's Department of Foreign Affairs and Trade (DFAT), TN/EMWF's Women-led Output-Based Aid (WOBA) projects in Cambodia and Vietnam look to extend rural water and sanitation access to the most vulnerable groups while empowering women as leaders in WASH.

This learning brief shares WOBA Vietnam's experience and lessons learned in building staff and partners' capacity to implement gender equity and social inclusion (GSI) practice in rural WASH programming.

TRANSFORMATIVE PRACTICES IN WASH PROGRAMMING

Water, sanitation, and hygiene (WASH) access are necessary for the most basics of human needs. Inadequate access can both hinder as well as negatively impact people's health, wellness, and quality of life ranging from disease transmissions, physical dangers, to general long-term chronic stress and mental health of individuals and households. Within this, the most vulnerable or marginalized groups face even higher risks, often rendered "invisible" and have the least say and influence in their households and communities regarding their WASH needs. Therefore, proper and safe access to WASH can make a significant difference and have the potential to transform the lives of marginalized people¹. Meaningfully planned program can contribute to and support gender equity and social inclusion in WASH.

Efforts are first needed to build a foundation of knowledge and awareness of the social and physical barriers that marginalized groups face concerning WASH access. Before implementing approaches, practice, and support of inclusiveness in WASH programming, it is important to identify and understand who, how, and why certain groups are being excluded and factors contributing to their

exclusion from mainstream society. This cannot be done without the active involvement of individuals and organizations representing marginalized groups, as the key to a comprehensive inclusive program lies in "nothing about us without us" – whereas the beneficiaries' direct inputs and equal partnership are crucial for truly transformative practice in inclusive WASH programming.

Furthermore, inclusive programming needs to take major consideration of context and intersectionality when strategizing to avoid overgeneralization, silos, or creating unintended exclusion of any subgroups. Conscious practice of "do no harm" is critical to protect and maintain the safety and dignity of these already vulnerable groups.

"Any WASH or other program can potentially result in negative consequences, particularly for marginalized people, who may inadvertently be exposed to increased stigmatisation or risk of gender-based or other targeted violence... To 'do no harm' requires deep understanding of the complex dynamics of people's lives.

- Do No Harm Principle, WfW

¹ Water for Women (WfW). GHD (2020) "Leaving No One Behind Learning Agenda"

THE WOMEN-LED OUTPUT BASED AID (WOBA)

The Women-lead Output-Based Aid (WOBA) took lessons from almost a decade of previous output-based aid (OBA) programs in Cambodia and Vietnam where Thrive Networks/East Meets West Foundation (TN/EMWF) addressed challenges and inequities in rural WASH access and used rebate incentives as the tool to achieve WASH coverage. The OBA approach is a co-financing service method in which providers are paid based on results achieved. It is designed on the principle of “joint implementation” and “cost-sharing” to improve the ownership, autonomy, and confidence of the beneficiaries, thereby ensuring project sustainability.

At its core, the WOBA program implements the OBA approach to increase rural WASH coverage and improve access through long-standing partnerships with central government agencies – the Vietnamese Women Union (VWU) in Vietnam and the Provincial Director of Rural Development (PDRD) in Cambodia. In Vietnam, the OBA project is designed and implemented primarily by women, particularly mobilizers and motivators at the community level.

It also aims to empower women, in all their diversity and positions – entrepreneur, caretaker, mobilizer, government, head of household, etc... – to gain

more space and voice in the WASH sector. Improving a woman’s safe access to water and sanitation could ultimately reduce the burden of water and sanitation-related workloads and other challenges stemming from lack of proper access such as menstrual hygiene management and personal safety². Increasing access allows women to enjoy and benefit from other opportunities in their personal, professional as well as social spaces

That said, the OBA program as a whole has been largely outcome-driven in the past supporting poor, near-poor, and some non-poor households. Under the Water for Women (WfW) Fund, the project has the opportunity to expand its coverage and support to the last mile groups, contributing to the Fund’s reach for the Sustainable Development Goals (SDGs) to Leave No One Behind via country-specific strategies.

Thus, TN/EMWF and the WOBA project intent to build capacity and strengthen government systems to implement and support rural WASH programming with a focus on gender equity and social inclusion (GSI) practice, leaving no one behind in achieving safe WASH access and coverage.

Disability inclusion in WOBA Vietnam

IDENTIFY AND UNDERSTAND WHO

People aged 2 years and older with disabilities (PWD) made up 7% of Vietnam’s population, according to the first large scale survey by the United Nations Children’s Fund (UNICEF) and Vietnam General Statistic Office³ in 2019. An additional 13% of the population live in households with a PWD, where 1 out of 5 households live with PWD. Children between age 2-17 years made up 2.79% of PWDs, of which older children with disabilities are less likely to attend school compared to younger children with disabilities and children

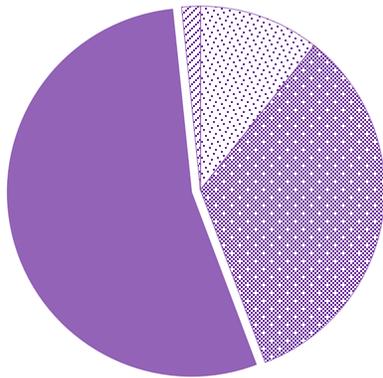
with no disabilities. More than 75% of PWD live in rural areas, of which there are more women than men. These numbers are expected to rise as the population ages. Mobility, particularly, lower mobility, and cognitive impairment are the top two types of disabilities. Just 51.3% of PWDs have stable housing conditions and less than 75% have access to water and sanitation.

Of the 104,459 households surveyed in 173 communes of WOBA Vietnam’s five provinces (How

² Ljung, P and Hill, T. “Are women influencing the uptake of hygienic latrines? Analyzing the gender impact of the CHOBA sanitation program at the household level in Vietnam” Unpublished

³ General Statistic Office. (2019). Vietnam National Survey on People with Disability

Binh, Ben Tre, Thanh Hoa, Nghe An, and Ha Tinh), 58% (60,287) were poor, near-poor and vulnerable households without hygienic latrines. Vulnerable groups made up of 37% of the households without latrines and of which, 52% were households of PWD. The results from this baseline enumeration along with data from the national survey underline the need to focus on supporting PWD, particularly those with mobile or physical disabilities, in gaining access to water and sanitation coverage and services under the WOBA project.



52% of vulnerable households without hygienic latrines in WOBA have people with disabilities

Vietnam’s National Disability Law, passed in 2010, entitled persons with profound or severe disabilities to social assistance benefits under one of six categories of vulnerable groups eligible for social welfare under Decree 136. However, not all PWDs are eligible for this social assistance. Only 4 out of 10 PWDs receive social assistance benefits, and only 3 out of 10 PWDs receive reduce costs in medical care. The poorest groups receive the least amount of subsidies, and men with disabilities receive significantly higher benefits than women with disabilities. People with mild/moderate disabilities – who are still able to perform any or some basics function – are deemed ineligible for this benefit, albeit still having high support needs due to their impairments⁴. Overall, PWDs have less

⁴ Palmer, M., Groce, N., Mont, D., Nguyen, O. H., & Mitra, S. (2015). The economic lives of people with disabilities in Vietnam. *PLoS one*, 10(7).

WOMEN WITH DISABILITIES face considerable barriers in society and in the home as both a woman and a PWD. Many are voiceless victims of sexual, subjected to abuse and neglect. Inequality in social services and support for women with disabilities further marginalized them as a group.

Within WOBA’s GESI framework, aiming for both *Gender and Social Inclusion* in WASH, it should be a priority for the project to identify the best approach methods that would give this group a space to voice their WASH needs – access, coverage, service and menstrual hygiene management. At the same time, the work needs to be conscientious of the potential backlash from our work to really embrace the Do No Harm mandate.



Vulnerable groups identified as GESI categories qualified for OBA rebates under WOBA Vietnam

access to amenities and services than people without disabilities.

While TN/EMFW and the WOBA program has been consistently working in alignment with current government policy, the apparent gap in the social support structure of which many PWDs are left without support needs to be addressed. TN/EMWF,

together with the VWU and other local partners on the Project Management Board (PMB) established an adjusted eligibility criterion as OBA rebates qualification for the most vulnerable groups based on data from the WOBA baseline enumeration.

The four categories are referred to as the gender equity and social inclusion (GESI) groups under the WOBA project. They consist of people with disabilities, single person heads of households, households with the elderly, and others. Groups under “others” are low categories including orphan children under 16, orphan children 16-22 who are still in school, and poor households of people living with HIV. Putting these groups as “others” under WOBA is meant for enumeration and analytical purposes and by no means to overlook or erase their experiences and struggles in Vietnam society.

Furthermore, in identifying the most vulnerable groups/GESI groups in the WOBA project, TN/EMWF recognized the necessity and need to build in-house capacity to address existing perceptions and biases, in order to challenge mainstream opinions and stereotypes, and re-evaluate common attitudes and behaviors toward PWD. WOBA staff, particularly field officers, were determined to gain knowledge and skills on how to mobilize and support PWDs before actually setting out to work with beneficiaries and connect with partners. Therefore, establishing a partnership with a Disabled People’s Organization (DPO) was crucial to increase capacity and improve the ability to create safe spaces for PWDs to share insights on barriers WASH service needs.

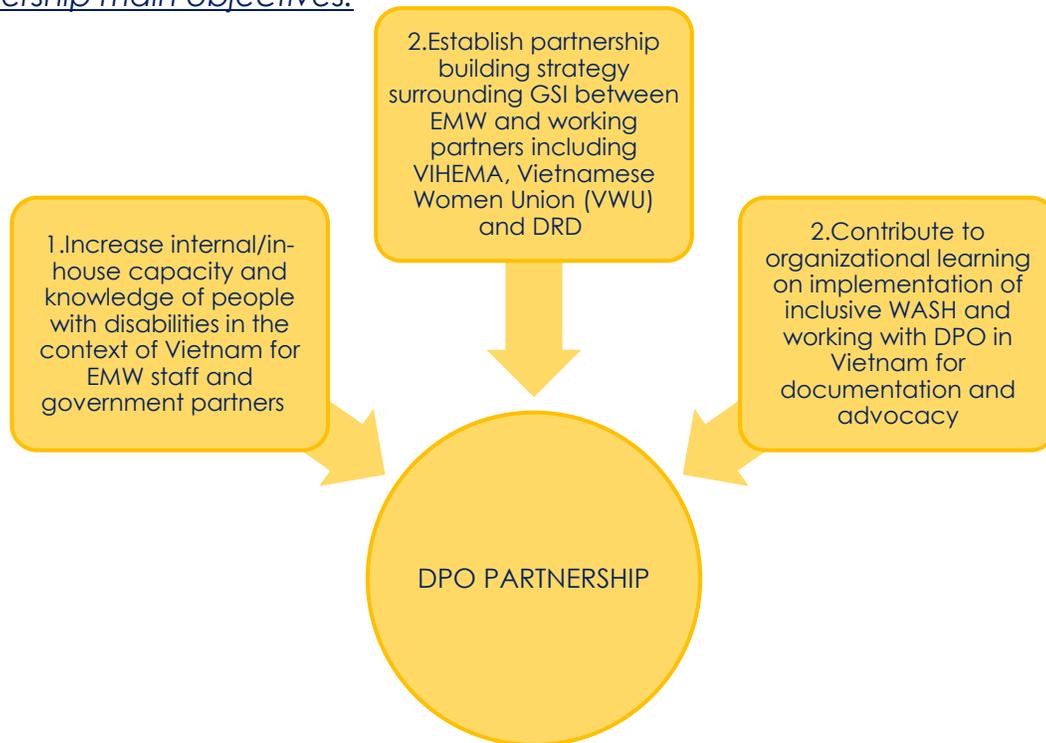


More than 75% of PWD in Vietnam live in rural areas, of which, there are more women than men.

“NOTHING ABOUT US WITHOUT US”

Barriers for people with disabilities (PWD) do not come from their disabilities, but rather come from the surrounding environment including the lack of understanding by society, discrimination, segregation, physical barriers, and non-existent policies that would provide protection and enforce their rights. No one is better to share this experience than PWD themselves.

Capacity building of key partners has been the main strategy for the OBA program and continues to be the key approach to ensure that inclusive WASH is embedded into the government system under the WOBA project in Vietnam. Proper training and guidance on GSI, particularly on PWD and their experience in the Vietnam context is needed for the WASH practitioners trying to implement inclusive programming.

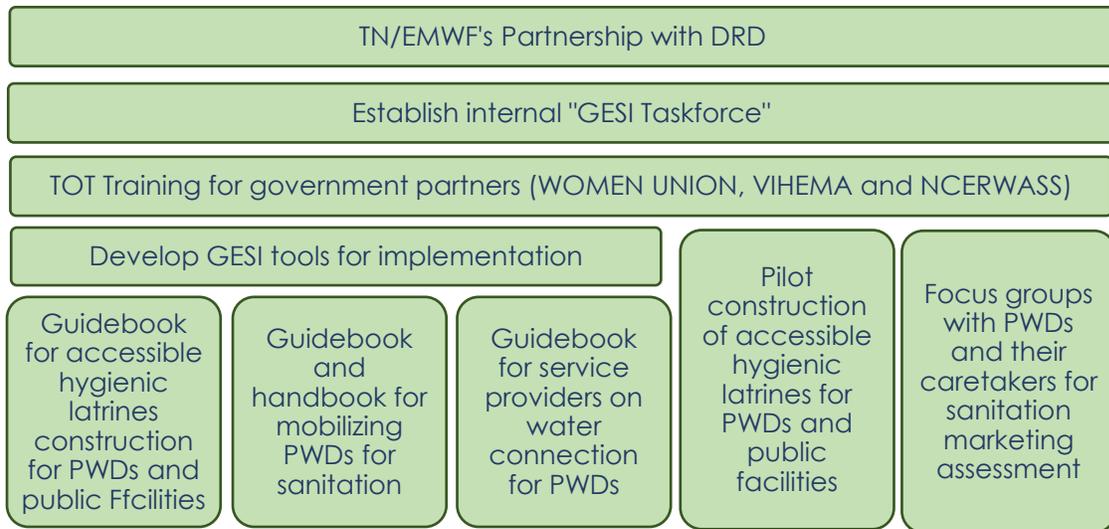
DPO partnership main objectives:

TN/EMWF partnered with the *Center for Disabilities and Development (DRD)*, a local DPO in Vietnam to provide training and educated WOBA staff and partners on social and physical barriers for PWDs as well as sharing experience and insight on mobilization and outreach to overcome or remove these barriers in WASH access and services.

Between May 2019 and December 2019, TN/EMW and DRD collaborated on *1 TOT training* for WOBA staff, *1 reconnaissance field visit*, *1 round table discussion*, and *2 training for project partners* (VWU, VIHEMA, PCERWASS) at the central and provincial levels. DRD employed a rights-based approach to elicit the understanding of PWD's barriers to social integration. Rights-based accessibility brings about an overall and sustainable improvement in stakeholders' capacity and involvement in GSI related issues. They also shared the Asset-Based Community Development (ABCD) method – a mobilization method inspires community members to assess and identify ways to gain contributions besides monetary donation – building responsibilities and ownership of their development project.

Fostering a safe space for learning and sharing proved to be effective as it permitted more active discussions and participation. Participants were encouraged to share their knowledge, experiences with, perspectives and even stereotypes of PWD – which were instrumental for identifying any gaps in knowledge and understanding to address changes in attitude, language and behaviors moving forward. This same concept is applied in working with PWD and people without disabilities to ensure all voices are heard.

Recognizing that accessibilities are the key to removing barriers to society for PWD was the outcome. Accessibilities can come in many forms, such as environmental accessibilities. i.e: building an access ramp and handrails as an alternative entrance for PWD, ensuring that doors meet the standard requirement to fit a wheelchair or including big stall in public restrooms, etc. Other forms of accessibilities include advocating for policy and laws that serve to protect PWD's rights, putting the responsibilities to protect PWD and their rights on the government. Only in doing so, a society can both include and protect PWD adequately as equality only exists when different groups are given the same opportunities.

DPO partnership progress and outcomes:

As a result, the partnership fostered the *establishment of a GESI Taskforce*, comprise of WOBA staff and representatives from government partners (VWU, VIHEMA, and PCERWASS), supported the *development of GESI tools for implementors*, which are 3 guidebooks for implementing partners, construction of accessible model structures and contributed to the qualitative feasibility assessment of an innovative approach to sanitation marketing.

Tangible and intangible outcomes resulted from these collaborations are evidence of the active learning process in which WOBA staff concurrently applied newly gained knowledge and skills to develop tools, facilitate cascade training, review and revised monitoring and data collection, and

create, share and disseminate knowledge products and tools to beneficiaries, stakeholders and partners on how to properly implement accessible WASH.

Members in the GESI Taskforce continued on to be trainers, facilitators and advocates for GSI implementation in the WOBA program at the community level, providing training to local counterparts ensuring the implementation of GSI in WOBA. Taskforce members also contributed and co-authored the 3 guidebooks are GESI tools for implementation. The completion and application of the guidebooks at the community level by TN/EMWF staff and government partners showcase the effectiveness of the DPO partnership and training with long-lasting impact.

Overarching lessons learned

TRANSFORMATION STARTS WITH OURSELVES

There is value in gaining awareness of how our own experiences shaped our perceptions and recognizing how that has also blocked us from seeing the experiences of others, especially those who are marginalized and socially excluded. Developing staff's awareness and consciousness in seeing the "invisible" groups and understanding their barriers

has been a transformative first step toward GSI in WASH.

TN/EMWF's partnership with DRD created the space for meaningful learning and practicing inclusive WASH. The most notable changes have been internal for WOBA staff. DRD's rights-based training introduced and provided *insightful knowledge*

and understanding of barriers to social participation experienced by GSI groups, particularly people with disabilities (PWD). WOBA staff, particularly those in the GESI Taskforce, experienced a *change in attitude and awareness* of PWD and their barriers, which reflected in their work as WOBA implementors. More attention is paid to meaningful participation to create safe spaces for the integration of PWD, and seeking and adopting innovative approaches for inclusion as well as remaining consciousness of potential backlash, actively practicing “do no harm” upon the beneficiaries. A *development in EMW staff's capacity and skills* to communicate with PWD, deliver training, and provide guidance to stakeholders to mobilize available resources for GSI groups has also been noted.

In Jan 2020, TN/EMWF piloted the Most Significant Change (MSC) Method and collected interviews of three WOBA staff who are members of the GESI Taskforce. Upon reflecting on their “Most Significant Change in GESI under the WOBA project”, the members shared their self-reflections. They are shown to have experienced substantial development in general GSI knowledge, attitude, and skills, and of PWD in particular after consistent

involvement in DRD’s training series and field activities. This internal change has also had a ripple effect encouraging positive changes among individuals and government partners, particularly at the community level. The VWU, particular local mobilizers, utilizing the GESI handbook, focus not only mobilizing target households to build accessible hygienic latrines but also coordinate available resources to support the most disadvantaged families gaining accessible WASH facilities.

“The augmentation of my expertise is reflected in the amount of knowledge gained during the GESI trainings, through PWD-focused document review and through working with PWD, colleagues and project partners... I believe that only when I am fully equipped with insightful knowledge and sufficient information can I convince and have a desired influence on other people, thereby making transformative change collectively.”

- Senior Program Officer, WOBA Project, regarding her most significant change in GESI

INVOLVE STAKEHOLDERS IN GSI PRACTICE

While the partnership with DRD has been a positive step in the right direction, it is only the beginning for the WOBA project and Vietnam as a whole to implement and mainstream accessibility in WASH. For the GSI impacts to be sustainable, effective and transformative, it is imperative to *improve GSI awareness among all stakeholders*, including government at different levels, community, family and GSI people themselves – and encourage actions. GSI efforts cannot produce desired impacts if carried out in the absence of collaboration with stakeholders.

Systematic coordination and mutual support among stakeholders are required prerequisites for successful and sustainable inclusive programming. Government partners have the capacity and potential to influence and mainstream GSI objectives and maintain GSI support beyond the



Government partners during the GESI training session in Quy Nhon City, Binh Dinh Province with TN/EMWF and DRD

scope of the WOBA project. Partners’ involvement in developing the GESI tools such as the guidebooks for implementing partners – Vietnamese Women Union (VWU), Vietnam Health Environment Management Agency (VIHEMA), and Provincial

Centre for Rural Water Supply and Sanitation (PCERWASS) – and the handbook for mobilizers indicated partners’ willingness to participate in transformation practices. Field partners’ success in reaching and mobilizing vulnerable groups to build

or make modifications for accessible latrines are examples of how the VWU can scale up the mobilization of GESI households to areas outside the WOBA project or advocate for policies addressing GSI gaps in rural WASH programming.

DOING NOTHING IS DOING HARM



Meet and greet session with provincial level VWU, TN/EMWF, DRD and members of Quy Nhon People with Disability Club in Quy Nhon

Training and education will always be able to provide information and facts, but continuous

integration, collaboration and meaningful participation are needed for a truly transformative practice. *Doing nothing is doing harm*⁵ and passiveness or inaction against inequality and inequity for PWD and other marginalized groups can further reinforce existing bias and negative behaviors toward these vulnerable groups.

From the collaboration with DRD, WOBA practitioners had the opportunity to re-examine and re-evaluate themselves through the GSI/GESI lens – of which gaps in planning, implementation, monitoring and advocacy for PWD in Vietnam are exposed and apparent. These are opportunities to apply the knowledge and skills acquired through the partnership to other projects and programs for greater and more sustainable and holistic impacts.

Continuing challenges

Establishing DPO partnership and engaging in GSI learning with DRD has provided insight, knowledge and perspective for WOBA implementor to uptake inclusion work in their WASH program. This partnership also showed that *practicing GSI in WASH or any other sectors in Vietnam has been and will continue to face many challenges in social, political, economic and cultural contexts.*

While data and information from the national survey shared great insight on PWD and their, status and conditions in Vietnam for the first time. Considering that PWD has always existed in Vietnamese society, the information gained from this survey is both an accomplishment and a revelation of the *lack of*

interest, attention and resources currently allocated to PWD in Vietnam – and that this knowledge should have come sooner.

Understanding that exclusion can happen in the form of access to education, social support, economics and women with disabilities are even more vulnerable to gender and social inequity. The *gaps and uneven distribution in social support services for PWD, particularly, women with disabilities* is evidence that tremendous effort is needed to improve GSI in Vietnam. There is also a *gap in existing social policies and regulations for PWDs and actual commitment by the policymakers in*

⁵ https://www.waterforwomenfund.org/en/learning-and-resources/resources/GSI/WfW-SNV-Learning-Brief_Systems-Strengthening_Do-No-Harm_FINAL.pdf

reinforcing and monitoring their implementation.

DPOs and other rights-based organizations face limitations in their capacity, resources and support to advocate for change. And the increasing demand of DPO engagement across all sectors could potentially overwhelm or distract them from their own advocacy and strategies, and inadvertently taking away time and attention from those who need DPO support the most.

Lacking pressure and voice from the right group, transformative practices will not take place. Policies and regulations will remain on the surface level and unregulated. Learning and training with DRD revealed the *multifaceted stigma against PWD, their invisibility in society deeply*

rooted in cultural belief and powered by lack of awareness, making efforts to remove barriers and mainstreaming inclusion in WASH practices an uphill battle.

The DPO partnership with DRD was a start in the right direction building internal staff and government partner's GSI knowledge and understanding. The *slow uptake of inclusive knowledge and practice and the lack of interest from the private sector in supporting inclusion* programming and marginalized groups continue to be barriers. Private operators in WASH see little profits from support vulnerable groups under WOBA, and for these reasons, PWD will continue to face exclusion from equal access, coverage and services in WASH.

Recommendation for next steps

- Maintain an equal partnership of which lessons learned from GSI implementation should be shared back with DPO partners, fostering a positive feedback loop of mutual learning and sharing. It is important for DPO to also gain new knowledge, awareness and skills from the partnership and build their capacity avoid being under-resourced. Be aware of Do No Harm to DPO partners.
 - Monitor and collect evidence on progress and changes from DPO collaboration at both individual and organization levels. Learning and documentation can be used for future works in inclusion beyond the WASH sector and advocacy for transforming policies and regulations or designing and planning other inclusive programming.
 - Explore the intersectionality and complexities of the most vulnerable groups among PWD groups. Recognize and understand how women with disabilities fit across this intersection, how they can be overlooked in inclusion planning and how can these programs address their needs without risk further marginalization. This can strengthen rights-based planning and training for practitioners, enabling them to identify the appropriate approaches and interventions to properly support the right group.
- Identify inclusion advocacy initiatives that can be undertaken by local authorities and government institutions at the commune, district, provincial and national levels, further the GSI agenda. Encourage and engagement of DPO and public-private sector partnership centering around innovative approaches and solutions for the most vulnerable groups
- Publicize and disseminate the GSI-focused strategies, achievements and learned experience with DPO to learning events, workshops and mass media. This can catalyze mainstreaming inclusion in policies and regulations. DPO and GSI groups could benefit from having more platforms to exercise their rights and have their voice heard.