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Disability Inclusion in Rural Vietnam: A Case Study of Household Experiences in a WASH Intervention

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Abstract: This paper examines a donor-funded development project in the rural mountainous districts of Vietnam aimed at improving water, sanitation, and hygiene (WASH) services for vulnerable households, particularly those with disabilities. The study investigates the project's impact on disability inclusion at the household and community levels and identifies factors that support or hinder progress towards inclusion for people with disabilities. Data from a survey of 600 households and interviews with household members and village chiefs provide insights into the perceptions and attitudes towards persons with disabilities (PWDs), and practices of disability-inclusive WASH. While progress has been made in changing attitudes towards the rights of PWDs, there is still room to improve practices, especially in engaging with PWDs, offering affordable disability-inclusive WASH services, and including them in WASH policy decisions. This paper highlights the need for a comprehensive approach that extends beyond household interventions and emphasizes a shift in mindset towards disability inclusion at all societal levels.

Keywords: disability inclusion; rural mountainous districts; vulnerable households; people with disabilities (PWDs); gender inequality; Vietnam; WASH

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1. Introduction

The United Nations has identified water, sanitation, and hygiene (WASH) as a human right under Sustainable Development Goal 6, striving for universal access by 2030 [1]. Addressing disability inclusion is widely acknowledged as crucial for achieving universal access to sustainable WASH. However, substantial challenges persist in achieving disability-inclusive WASH [2]. WaterAid and the Australian Red Cross [3] emphasized the disconnect between formulated strategies and the actual implementation opportunities of organizations providing WASH services inclusively. The mismatches include a lack of standardized protocols for disability-inclusive programming and predefined targets that limit organizations' flexibility or are not relevant in all contexts. Investing in WASH projects that target people with disabilities necessitates cooperation with disability services, rights, and advocacy groups, which carries higher risks and potentially lower returns. Development banks and multilateral organizations work within the invitation and policy framework of the national government which often lacks guidelines for the implementation of disability-inclusive WASH or constrains the interventions' focus and scope. Local governments play a significant role but often lack the awareness, resources, and capacities to address WASH inequalities effectively.

This paper examines a donor-funded development project that aimed to improve WASH services for impoverished households, particularly those with disabilities in rural mountainous districts of Vietnam. The study provides insights into disability inclusion efforts with a focus on understanding the factors that support or hinder progress toward

inclusion for people with disabilities. Underpinned by the social model of disability as reflected in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), this study addresses two research questions: (1) How did the project contribute to disability inclusion at the household and community levels? (2) What factors hindered or enabled positive change towards disability inclusion? Findings are based on an 18-month study involving a survey with 600 households and 60 semi-structured interviews with household members and village chiefs. The paper highlights the importance of collaboration and alignment between organizations involved in the WASH intervention and disability groups and the need for a comprehensive and systemic approach that goes beyond household-level interventions to enable a mindset shift towards disability inclusion at all societal levels.

The first section of the paper examines key aspects of inclusion and exclusion for people with disabilities in relation to WASH and provides an overview of the Vietnamese context. It then introduces the social model of disability as the conceptual framework guiding the study. Following this, the paper outlines the WASH intervention (the Project) that serves as the focal point of the research, along with the methods used for data collection and analysis. The study's main findings are subsequently presented, addressing the research questions and discussing their implications for policy and practice in advancing disability inclusion through WASH services in rural Vietnam and comparable settings.

2. Literature Review

Research about disability inclusion in WASH is limited and often based on specific interventions and contexts. Within this literature, physical, socio-cultural, and policy or governance aspects are often emphasized [4] as factors of inclusion and exclusion for people with disabilities (PWDs). Physical factors mainly focus on PWDs' lack of access to WASH facilities within their homes, schools, workplaces, healthcare centers, markets, and other public areas. These barriers vary depending on the specific disability, whether they use personal or communal WASH facilities, the economic resources of their households, and whether they reside in urban or rural environments. Common barriers in the design of water points and sanitation facilities include lack of ramp access, uneven and high steps, narrow entryways, absence of handrails or supports, and challenging pump handles. The latrine spaces can be inaccessible for wheelchair users and individuals with mobility aids, making it difficult for them to use the facilities [5]. The design of handwashing facilities often makes it hard for disabled individuals to use taps that have rings, high basins, and distant taps. Limited upper limb mobility can also make drawing water for handwashing difficult [5]. Barriers in terms of water access for people with mobility limitations are far away water points, particularly in mountainous areas with difficult terrain and poor road conditions. Even when there is stored or piped water available, simple tasks can become significant barriers for PWDs such as the inability to access water while seated or needing assistance with filling and tilting containers. Accessibility for PWDs requires specific considerations in the physical construction and positioning of WASH facilities, along with adequate maintenance to minimize safety risks. Disability-inclusive WASH efforts demand appropriate technology and infrastructure designs, considerations of costs, durability, and the needs of PWDs [3,6]. However, these need not be specialized or segregated services, rather can be met by ordinary WASH services with a little extra thought and minor adjustments [7].

Social and cultural factors play a significant role in disability exclusion and discrimination in WASH access. Direct discrimination occurs when individuals are intentionally excluded from WASH service provision or equal treatment through laws, policies, or practices. Indirect discrimination is often based on factors such as property ownership, tenure,

residence, and socioeconomic status when seemingly neutral laws or practices result in the exclusion of certain groups from basic services [8]. For example, ethnic minorities living in Vietnam's remote mountainous areas face higher vulnerability in accessing water and sanitation services due to their remote geographical locations, which incur additional costs for installing WASH infrastructure [9]. Limited literacy and representation in decision-making processes, which are common for poor and vulnerable groups, especially in rural and remote areas, contribute to a lack of adoption of improved sanitation practices [10]. These factors also hamper awareness-raising efforts on contamination, water-related diseases, infrastructure, scarcity, floods, and droughts.

According to the World Bank [11], responsibility for WASH service provision, as a public good, typically lies with the government, creating a complex relationship among policymakers, service providers, and consumers. Political and governance factors work alongside economic factors. Private sector incentives may appear better aligned to provide services, but they often fail to reach the poorest and most vulnerable individuals. Strengthening the power of households including underserved groups and making service providers accountable to them can lead to better outcomes [12]. Non-governmental organizations (NGOs) and large corporations play influential roles in policy formulation and outcomes. These factors of inclusion and exclusion intertwine and affect each other. Poverty and exclusion often coexist and reinforce each other in specific areas, creating complex dynamics [13], especially for PWDs who often face multiple forms of disadvantage [14].

The Context of Vietnam for People with Disabilities

Vietnam's National Survey on People with Disabilities found that around 7 percent of the population, approximately 6.65 million individuals, have a disability [15]. Among these, children aged 2–17 account for 2.8 percent, with older children with disabilities less likely to attend school compared to younger children with and without disabilities [16]. Additionally, 13 percent of Vietnam's 27 million households have members with disabilities, and these households generally have a lower economic status than the national average.

Many of these households are in poor rural areas, where disability and low education levels severely impact living conditions [15,17]. Although they are adequately covered by health insurance and poverty does not seem to hinder access to health clinics, only a small percentage of individuals with disabilities (2.3 percent) utilize rehabilitation services when ill or injured [16]. Only 51.3 percent of PWDs have stable housing conditions, and less than 75 percent have access to water and sanitation services [9].

Only 52 percent of people with disabilities completed formal secondary education, compared to 78 percent of the general population. Additionally, 86 percent of people with disabilities are employed, significantly lower than the 94.6 percent employment rate of the general population [18].

Stigma is a key factor, with nearly 60 percent of respondents in the 2016 National Survey on Disability believing employers did not want disabled workers [15,19]. As a result, people with disabilities are more likely to have no income and live in poverty [15,19], with 16.4 percent living in poverty compared to 13.5 percent of the general population [18]. Disparities also exist in terms of living standards and the degree of social involvement for PWDs.

Disability in Vietnam is gendered, with a higher prevalence among females (10.1 percent) than males (7.0 percent) [15,20]. Despite government efforts to empower women and reduce the gender gap, women with disabilities remain more vulnerable to social segregation and poverty. They face limited access to services and fewer social, political, and economic opportunities [21–24]. This impacts households, as people with disabilities are more likely to have never married or live alone, especially in later life [25].

Nguyen and Stientra [26] explored the experiences of Vietnamese girls and women with disabilities, emphasizing a relational perspective on disability. Participants highlighted how social interactions shaped their inclusion or exclusion, often facing marginalization, bullying, and scorn. They stressed the importance of caring relationships, belonging, and mutual support for inclusion. Despite challenges, many became leaders, advocating against discrimination and gaining confidence in activism. Nguyen et al. [27] found that Vietnamese girls with disabilities face multiple barriers in schooling, including poverty, violence, inaccessible learning materials, isolation, and limited services, leading to continued disempowerment.

Bogenschutz et al. [28] also identified stigma as a major barrier, limiting access to basic services. Inadequate public infrastructure, including WASH facilities, along with personal factors like low self-confidence, further restrict dignity and autonomy [29]. Westby [30] noted that people with disabilities in Vietnam experience discrimination and low expectations, with their disability often attributed to karma and shame, leading them to cope by withdrawing or paying extra to avoid stigma [30,31].

Tran [32] argued that deep-rooted gender inequality intersects with disability discrimination in Vietnam, leading to cultural biases, stigma, lack of accessibility, and limited knowledge of educational options. Cultural expectations for disabled women in Vietnam to stay at home in caregiving roles limit their exposure to information about available educational options. Additionally, there is a perception that disabled women have less need for technical or vocational education, further hindering their opportunities for independence, social inclusion, and empowerment. Shin et al. [33] observed distinct roles for men and women with disabilities that mirror broader expectations in Vietnamese society wherein success for men often involved securing well-paying jobs to support their families, whereas success for women was often linked to marriage and motherhood [28].

From a policy and governance perspective, the evolution of disability rights in Vietnam reflects a shift from early restrictions and conditional rights based on individual "abilities" and "virtues" to more inclusive approaches aligned with the UN human rights frameworks [34]. The 1948 Constitution initially acknowledged these rights but limited them based on judgments of individual capabilities, with "insane" individuals being deprived of equal rights. Subsequent laws continued this trend, emphasizing social assistance and medical intervention over human rights principles. The 2010 Law on Disability represents progress by incorporating some UN Convention on Disability Rights principles such as non-discrimination, accessibility, and independent living. Decision 1276/QD-TTg and the Biwako Framework aim to expand social services, promote inclusion, and improve the quality of life for PWDs [28]. The 2010 law frames disability rights within a state-individual relationship that emphasizes both rights and duties/responsibilities. However, the law takes a predominantly biomedical approach that frames disability as a deficiency [27]. Such a definition of disability in Vietnamese legislation overlooks the influence of social, cultural, and environmental elements that contribute to the societal interpretations of disability within both global and local frameworks [35].

Tran [34] argued that there is a disproportionate focus on individual impairments rather than addressing social barriers, and some institutionalization practices persist despite shifts toward inclusion policies. While policy increasingly recognizes equal rights and adopts the social model of disability, implementation remains largely rooted in the medical model, with limited changes in the supportive environment [34]. Cultural diversity and its interaction with the universal rights outlined in the CRPD [36] are frequently overlooked, as are the intricate relationships between disability, gender, ethnicity, and poverty [37]. The working of the state power and politics are seldom examined in terms of how they shape people's perceptions, attitudes, and practices of disability inclusion [38]. As a result,

there exists a significant disparity between the inclusive policies regarding PWDs and the actual implementation of these policies. Although newer laws promote inclusive education, employment, healthcare, transport, and other services for PWDs, existing social services and facilities often lack the quality, capacity, and accessibility necessary to genuinely support inclusion [39,40].

The gap between disability policies and real-life practice is attributed to various factors, including insufficient financing, workforce capability, precise guidelines, social awareness, and buy-in [39]. Issues with monitoring, accountability, and coordination across departments and administrative levels further hinder the alignment of policy and practice [39]. Furthermore, the policy objective of companies hiring a minimum proportion of PWDs is seldom met in practice. Workplaces frequently lack reasonable accommodation, and discrimination against PWDs remains prevalent [40]. Healthcare, rehabilitation, and cultural/sporting facilities also commonly lack adequate accessible spaces or activities tailored to the needs of PWDs [39,40]. While the Vietnamese government has enacted some policies and provides limited financial assistance for PWDs, significant gaps remain in supporting inclusion for this population [30]. For example, the monthly disability allowance covers only necessities, and the number of government-funded assistive devices like wheelchairs is restricted, leaving many needs unmet [30]. This lack of adequate institutional support reinforces the social exclusion of PWD, hindering their participation in education, employment, healthcare, and community life [30,31]. Tran [34] argued that closing these policy-practice gaps is vital to shift the experience for PWDs toward greater inclusion, independence, and dignity based on policy principles.

Facing significant barriers to accessing government services, PWDs heavily rely on NGOs for social support, vocational training, financial assistance, accessible transportation, and inclusive communities [30]. These NGOs effectively act as social welfare providers in the absence of comprehensive state support. Although they play a significant role in supporting families of people with disabilities, their interventions are often limited in scope [29,41]. While the government has made symbolic improvements for PWDs, barriers persist for most PWDs, requiring a shift beyond institutional compliance to bring about positive social change.

3. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the Social Model of Disability

The social model of disability, influenced by civil rights movements in the 1960s and 1970s, promotes empowerment, inclusion, and systemic change [42]. It challenges the notion that disability stems from impairments, instead attributing exclusion to discriminatory social structures. Shakespeare [43] argue that dismantling social barriers is an essential element of the social model for fostering inclusion and driving societal transformation.

The UNCRPD reinforces the social model by emphasizing that disability results from societal barriers rather than individual impairments. Article 1 defines disability as a condition that, in interaction with societal barriers, restricts full and effective participation in society. This definition underscores the need to remove environmental and systemic barriers such as inaccessible infrastructure, discriminatory attitudes, and inadequate accommodations. Article 9 further mandates that governments ensure equal access to the physical environment, transportation, information, and communication, enabling people with disabilities to live independently and fully participate in all aspects of life [36].

The integration of the social model into the UNCRPD has significantly influenced public policy and education globally, shifting the focus from medical intervention to social inclusion and human rights. However, systemic oppression and exclusion persist [44],

as in the case of Vietnam highlighting the need for continued efforts to translate legal commitments into meaningful social change.

This paper is grounded in the social model of disability, reflecting the UNCRPD's principles. It advocates for inclusive policies and practices that address and remove barriers to full participation for people with disabilities. By focusing on the community level as well as individual level, the paper places responsibility on society to recognize PWDs as equal and active participants rather than passive recipients of care. By adopting this framework, the paper aligns with the UNCRPD's emphasis on social change, advocating for inclusive policies and practices that address and remove barriers to full participation for PWDs.

4. Research Process

This research examines a donor-funded multiyear WASH project (the Project) in rural Vietnam for its contribution towards disability inclusion through its WASH activities (Research Question 1). It analyses barriers and facilitators affecting PWDs' participation in the Project and involvement and recognition of PWDs in other WASH projects in the community (Research Question 2). The study delves into physical, policy, governance, and socio-cultural dimensions of disability inclusion at the household and community levels, shedding light on experiences, particularly those of disabled household members. In addition, the study assesses individual attributes like income, gender, ethnicity, education, disability, single parenthood, and age, and their connection to attitudes towards PWDs and practices of disability inclusion. It also considers the perspectives and attitudes of Project staff, household members, and village chiefs, recognizing their significance in understanding disability inclusion efforts and progress within the Project and Vietnamese society.

The Project was a 4.5-year project funded by the Australian Government and executed by a Vietnamese NGO that focused on building hygienic latrines and piped water connections for disadvantaged households, including those with disabilities, in rural Vietnam. The Project addressed rural WASH gaps by providing subsidies to households to build latrines and connect to piped water systems. The subsidies provided by the Project were matched by the government. The Project's target groups were selected from Vietnam's Ministry of Labor, Invalids and Social Affairs (MOLISA) list of socially disadvantaged households including single parents, HIV-positive, poverty, children under 5, elderly over 65, and people with disabilities. The Women's Union (WU) facilitated households in the Project areas to access subsidies and WASH services.

Methods of Data Collection and Analysis

The study had two phases of data collection. Phase 1 involved a survey with 600 participants from 10 communes in Hoa Binh and Nghe An provinces in Vietnam. Of these, 300 households had taken up WASH services through the Project (intervention group), while 300 had not (control group). In the intervention group, 165 households were poor, and 135 were both poor and socially disadvantaged (according to the MOLISA classification). These 300 intervention households constituted around 23 percent of the total beneficiaries in the 10 communes. Within the control group, 230 households were classified as poor, and 70 as both poor and socially disadvantaged.

The survey was developed by the author and programmed in Qualtrics. It was pretested by the enumerators and then fielded using face-to-face interviews to ensure a high response rate and minimum dropout. The survey encompassed background information about the respondent and household; current water access and sanitation status and changes over 3–5 years or since joining the Project; WASH training and information received; household responsibilities and changes over 3–5 years or since joining the Project;

perception of social and disability inclusion; and awareness of inclusion practices within the Project.

Analysis of the survey data utilized three test types. Descriptive statistics to assess survey response distributions. Correlation tests to explore differences among groups based on characteristics in disability-inclusion awareness and practices. Regression models incorporate significant variables from correlation tests to predict positive changes in disability inclusion.

Phase 2 involved 60 semi-structured interviews with selected Phase 1 survey respondents and village heads. The interviewees were purposively sampled across control and intervention groups and genders in the 10 communes (six interviews per commune, three per village). Interviews mirrored survey questions to gather deeper insights. Household interviews addressed individual households, while village head interviews focused on community aspects.

Qualitative interview data were transcribed and coded into themes. These codes were cross-referenced with survey data to validate and maintain coding consistency. This approach aimed to highlight patterns and factors related to disability inclusion dimensions identified in the statistical analysis. Due to space constraints, the quotes featured in this article represent a small selection of the interviewees' responses.

5. Results and Discussion

5.1. Perception and Attitude Towards Disability Inclusion in WASH

Regression analysis was conducted to examine the relationship between individual characteristics and a range of disability inclusion indicators. Table 1 shows the regression model with the unstandardized coefficients, standard errors for each independent variable (gender, education, ethnic group, PWD, single parent), and dependent variables (indicators of disability inclusion awareness).

Table 1. Effect of individual characteristics on social inclusion indicators.

	Dependent Variable "Awareness of Rights of Poor and Vulnerable to WASH Access"	**Dependent Variable "Support for Development of Disability-Inclusive National WASH Policies"**	**Dependent Variable "Support for Development/Adoption of Standards for Persons with Disabilities in WASH Facilities"**	**Dependent Variable "Support for Mainstream Disability Inclusion in Active or Pipeline WASH Projects at the National, Provincial, or Local Level"**
Independent variable		Coefficient (Std error)		
Gender	0.112 (0.039) *	0.14 (0.03) *	0.189 (0.032) *	0.145 (0.038) *
Ethnic Group	0.001 (0.016)			−0.046 (0.015) *
Education	−0.05 (0.021) *	−0.036 (0.024)		
PWD			0.079 (0.041) **	0.095 (0.049) **
Single parent			0.206 (0.057) *	0.244 (0.069) *
	Constant = 1.308	Constant = 1.092	Constant = 0.438	Constant = 0.583
	R square = 0.028	R square = 0.057	R square = 0.082	R square = 0.057
	F-ratio = 7.738	F-ratio = 8.862	F-ratio = 13.306	F-ratio = 9.019

n = 602; * $p < 0.05$, ** $p = 0.05$.

Seventy-three percent of the intervention group were "aware of rights of poor and vulnerable groups to WASH access" compared with 58.7 percent of the control group. Table 1 shows the coefficient for gender is 0.112, indicating a small positive effect size which is statistically significant ($p < 0.05$). This suggests that being female (compared to male) is associated with higher awareness of the needs and rights of poor and vulnerable

groups to access WASH services. Ethnic minority status does not have a significant effect on this indicator.

Women (compared to men) also have a higher level of "support for the development of disability-inclusive national WASH policies". Regression analysis (Table 1) confirmed that gender does have an impact on support for national policies with a positive effect size (coefficient 0.140), which is statistically significant. It should be noted that although the proportion of households in the intervention group indicating support for the policy of supporting the disadvantaged group in accessing WASH service is high overall, there is no clear evidence to consider whether this policy support is due to the Project. This could be because there were no specific strategies implemented in the Project on consultation with PWDs on latrine models for PWDs, PWDs' participation in propaganda, and advocacy activities relating to WASH. In the surveyed communes, no PWD had been invited or able to participate in community leadership positions in WASH or any other sector.

Gender also impacts "support for development/adoption of standards for persons with disabilities in WASH facilities", affirmed by both correlation tests and regression model as shown in Table 1 (coefficient is 0.189 and it is statistically significant). This could be because the Women's Union (WU) was responsible for mobilizing households to take up latrines in this Project, and generally in Vietnam's rural WASH [45]. In Vietnam, the WU is instrumental in advancing women's rights and status in Vietnam through a range of key roles. It conducts educational campaigns and mobilizes women at the grassroots level on issues such as gender equality, domestic violence prevention, and reproductive health [46]. It is unsurprising that the government assigns the WU the responsibility of encouraging households to take up WASH services. This alignment is rooted in the gendered perspective of WASH, where women are traditionally considered to bear the primary household responsibility [47].

There is also higher participation of women in community meetings, which are part of the WU's propaganda work in Vietnam [38] because husbands often work away from home. According to the survey, 57.6 percent of households reported that women were primarily responsible for attending and participating in these meetings, while only 17.6 percent of households stated that men fulfilled this role. This result aligns with the comments made by the interviewees, suggesting that the involvement of women in community meetings is more prevalent and acknowledged in the surveyed areas.

Households with PWD, and single female parent households have higher level of "support for development and/or adoption of standards for persons with disabilities in WASH facilities" (Table 1, coefficient is 0.079, approaches statistical significance ($p = 0.05$), and coefficient 0.206, indicating a positive effect size which is statistically significant, respectively).

Forty percent of survey respondents report that they changed their perception in "recognizing that people with disability could play a key role in WASH operations and policymaking in the last 3–5 years". Although the proportion of households with PWD who recognize that "PWD could play a key role in WASH operations and policymaking" is higher than those without PWD (45.2 percent versus 39 percent), the difference is not statistically significant.

Gender also impacts "mainstream disability inclusion in active or pipeline WASH projects at the national, provincial, or local level" (coefficient is 0.145, which is statistically significant). Having PWD and single-parent status in the household also impact this indicator with coefficients of 0.095 and 0.244, respectively, both statistically significant.

Interestingly, belonging to certain ethnic groups (compared to others) is associated with a lower level of "mainstream disability inclusion in WASH projects" (the coefficient is −0.046, indicating a negative effect size which is statistically significant ($p < 0.05$)). This

is similar to the results that ethnic minority households reported less awareness than the Kinh households on the rights of the poor and vulnerable groups to feel safe, secure, and dignified and in recognizing that PWDs could play a key role in WASH operations and policymaking. It should be noted that ethnic groups do not have a significant impact on awareness of the rights of poor and vulnerable groups to have access to WASH services based on regression results (Table 1). This suggests that raising awareness of disability inclusion in WASH should focus more on ethnic minority households.

The interview data was consistent with the survey data in terms of perception and attitude towards disability inclusion. All 60 interviewees expressed the view that vulnerable groups such as PWDs, the elderly, and poor individuals should be given priority in accessing WASH services. Household interviewees from the intervention groups demonstrated awareness of their own WASH needs and expressed a desire to have access to WASH services. They also expressed feelings of shame and self-deprecation due to the mobilization process, where village heads referred to them as "households lacking latrines or water connections". This is discussed further in the next section.

Interviewees recognize that PWDs face additional challenges and should be prioritized when distributing aid from the government and charity organizations, reflecting an understanding and empathy towards the difficulties experienced by households with disabilities. This could be because, in Vietnamese society, the responsibility for caring for a person with a disability typically falls on the family rather than relying on the state.

> "It is possible that those households do not receive support from the government, but they are supported by other families who help to take care when the disabled people get sick." (Village head, Hoa Binh)

The interviews highlight the Project team's concerns about planning disability-focused program activities. While the Project broadly aligned with policies like the Law on People with Disabilities and Decision 1276/QD-TTg, the absence of specific targets and actions for disability inclusion in WASH posed challenges. They struggled to pinpoint precise disability inclusion measures for Project implementation. Such a policy-practice gap was highlighted by Tran [34].

Most of the Project team recognized the significance of addressing existing biases and perceptions for effective disability inclusion. They admitted the necessity to reevaluate attitudes and behaviors towards PWDs and gain essential knowledge and skills to support inclusive activities. The Project's partnership with the Disabled People's Organization (DPO) to raise awareness about PWDs' needs and rights was deemed vital for fostering inclusive environments and grasping PWDs' barriers. A few Project members even noted positive shifts in their attitudes and awareness towards PWDs. This finding supports the RWSN's proposition that effective accountability mechanisms and coherence between institutional levels are necessary to monitor and enforce the obligations of service providers [8].

> "I firmly believe that I can only have a meaningful impact on others and drive transformative change when I am equipped with insightful knowledge and sufficient information about PWDs." (Local implementation team member)

Beyond personal change, the Project staff noted that achieving disability inclusion through WASH interventions, as with other sectors in Vietnam, requires addressing deep-rooted stigmas, promoting awareness, and ensuring that policies are implemented effectively to create meaningful change [9,30].

5.2. Practices of Disability Inclusion in WASH

5.2.1. Community Meetings and Information Provision

The WU utilized existing village meetings, which are part of their mandated activities, to inform and encourage households to take up WASH services through the Project's subsidy approach. These meetings take place biannually, with some villages holding monthly sessions. Attendance rates generally range from 60 to 90 percent of total households in each village. Villages have implemented regulations, including fines for non-participation. Such rules increased household involvement in meetings. However, discussions about constructing toilets for PWDs were not widely communicated within the Project areas. Yet, households noted that prioritizing latrine construction for these groups conveyed the understanding that PWDs, like other disadvantaged groups, deserve appropriate WASH services based on their needs and rights.

Many interviewees felt that these village meetings did not offer an inclusive space for everyone to comprehend content fully, ask questions, express opinions, and engage in meaningful discussions concerning WASH matters. Some observed that most attendees were passive listeners, with village officials and affluent households primarily taking the lead in speaking. Poorer households often lacked chances to voice their thoughts or contribute. Some household interviewees felt that although they were encouraged to attend, they were not encouraged to actively speak, discuss, and share opinions during the meetings.

> "They (the poor households) often keep silent, but they strictly abide by the regulations of the village much more than better off families." (Village head, Hoa Binh)

> "An average villager with limited education doesn't know to speak out, I only see some people giving opinion or being consulted. Officials' speeches at these meetings often last a whole afternoon so I can't remember everything. I will ask the village head when I meet him if I can't remember but I never ask in the meeting because I feel ashamed and afraid that others will comment my question." (Household member, Hoa Binh)

In certain villages, the village heads implemented strategies to reduce what they perceived as "wrong" opinions from participants;

> "In fact, in the past, there were often many opinions in the village meeting. One person was standing to give their opinion. Others, especially some women, nearby also spoke up, the meeting became noisy and messy. So, I have learned from experience, those who wanted to speak did not stand in place, had to stand on the podium in the community house, look down and speak for everyone to hear. They had to say something properly but not the nonsense things, so that others could hear, to see if they dare to speak, or tremble if they say wrong issues." (Village head, Nghe An)

To boost awareness of disability-inclusive WASH, providing information through training, consultations, and public planning is crucial [48]. The minimal active participation of poor and socially disadvantaged household members in the WU's community meetings could be due to deep-rooted cultural and political norms in Vietnam, as found by Bogenschutz et al. [29] and Westby [30]. This emphasizes the need to account for these factors in inclusive efforts to ensure effectiveness and prevent unintended consequences

such as found in this study where promoting WASH purchases seems to cast PWDs and disadvantaged groups as passive recipients of subsidies, rather than empowering them to engage with WASH initiatives.

5.2.2. Subsidies and Disability-Inclusive WASH Products

The most crucial instrument of the Project to support disability inclusion is the provision of subsidies, which were approximately 64 USD to households with disabled members. These subsidies were marginal compared to the total cost of the latrines, which ranged from 1000 USD to 3000 USD [45]. Despite the relatively small level of subsidies, the majority of village heads and household interviewees recognized the value of subsidies in supporting PWDs to improve their WASH situation. This is consistent with the survey results with 63 percent of respondents aware of "cash benefits and compensation given to the poor and vulnerable households to cover their expenses incurred in buying WASH products" either from a development project such as the Project or the state budget. Forty-five percent mentioned "vulnerable groups were referred to local WASH service providers", and 60 percent reported practices of "offering financial advice, loans, grants to poor and vulnerable groups including women to support WASH access". They are referring to the mobilization work of the WU in the Project, and generally in Vietnam, because of their mandate to undertake mobilization campaigns for projects that are implemented at the grassroots level [38].

While there is a general sense of support expressed by the survey respondents, it seems that such support did not translate into tangible contributions towards building disability-inclusive latrines for households with PWDs. Only 12.6 percent of households with PWDs could afford to build adaptive latrines or water equipment. Modified construction of WASH facilities to enhance accessibility for PWDs was observed by 36.7 percent of respondents. Access to disability support services specifically for WASH, including adaptive devices, credit, and mechanized equipment, was reported by only 11.5 percent of respondents.

These gaps stem from a few reasons. Firstly, creating disability-inclusive latrines poses implementation challenges. Despite sharing best practices with both WASH workers and PWD households, only a few families have integrated this knowledge into their latrine construction. Factors like costs, family preferences, and timing of latrine purchase compound this low adoption. This contradicts the notion that minor adjustments are sufficient for accessible WASH products [7]. It supports Le et al.'s findings that insufficient financing, lack of workforce capability, lack of precise guidelines, lack of social awareness, and lack of buy-in from all parties involved in the WASH intervention contributed to the policy-practice gap [39].

Secondly, a financial burden hampers adherence to design requirements for accessible latrines, as highlighted by an interviewee:

> "Hygienic latrine is still a luxury, let alone latrine for PWDs. Furthermore, they are still living in the seriously degraded houses because they don't have money so building latrine is not a priority." (Household member, Nghe An)

Poverty was prevalent in the rural mountainous areas with high ethnic minority populations, which also means limited community capacity to support PWDs;

> "Although they really want to support PWD households, they really have nothing to support. Their lives are still difficult." (Village head, Nghe An)

Thirdly, government efforts to improve disability inclusion in WASH services are lacking. Despite a policy (Letter #1719/QĐ-TTg) approved in October 2021 focusing on social and economic development in ethnic minority and mountainous regions, there has been minimal emphasis on prioritizing disability inclusion within the WASH sector, beyond the scope of the Project's intervention. This finding aligns with Westby's argument that the government's limited financial assistance targeted at PWDs presents significant gaps in supporting them [30];

> "Every year, households are also encouraged to contribute money to buy gifts in the Tet holiday for poor or vulnerable households, but they have never been asked to contribute money or labor to build latrines for these [PWD] households." (Village head, Hoa Binh)

Affordability is a significant barrier to accessing disability-inclusive WASH facilities. While the study participants view subsidies as a support mechanism for overcoming this barrier, the subsidy amounts are not adequate to build disability-inclusive latrines, given the prevalence of poverty in these areas.

5.2.3. Disability Inclusive WASH Actions in the Community

The survey results indicate a general lack of involvement and limited accessibility actions for PWDs in WASH projects in the surveyed areas. Only 19.1 percent of respondents reported the presence of disability-focused community leaders or services engaging in WASH initiatives, and 21.9 percent mentioned sharing of WASH information with households with disabilities. There is a weak association between PWD status and the "sharing of information and best practices for WASH workers or household members with disabilities", with a statistically significant association between the variables (p = 0.017). A possible explanation for this result is that households with PWDs show a greater interest in issues related to disability and actively engage in practices that promote inclusivity, because they may have a heightened awareness of the challenges faced by individuals with disabilities and the importance of addressing their specific needs.

Regarding disability inclusion policies, there are only two statistically significant differences between the intervention and control groups in relation to the "development of disability inclusive national WASH policies" and "development and/or adoption of standards for PWD in WASH facilities". However, these gaps are small (85.5 percent and 84.1 percent compared to 74.7 percent and 72.7 percent, respectively).

Limited practices in disability inclusion at the community level are also evident in the interviews. The below quote suggests a gap in awareness and understanding of households on how to support PWDs in the community, which is a shared sentiment among community members interviewed.

> "I'm interested in movements to support PWDs or the vulnerable groups, but I don't know how to participate. I have never heard anything about support for PWDs." (Household member, Hoa Binh)

The participants' somewhat vague perceptions of disability-inclusive practices may be attributed to the lack of detailed laws and regulations concerning disability inclusion, as well as the absence of specific measures within the Project. These findings highlight the need for greater attention and resources to improve accessibility and promote engagement of PWDs in WASH projects at all societal levels.

6. Conclusions and Implications

6.1. Summary of Findings

Interpreting these findings beyond the study's sample requires caution. The study primarily aimed to illuminate experiences within a specific WASH intervention, and varying exposure to Project subsidies could influence perspectives. Also, the study was limited to 10 communes across two provinces, and cultural differences exist throughout rural Vietnam. While valuable within its context, generalizing the findings to other regions or populations should be done with care. Additionally, the survey sampling focused on households rather than individuals with disabilities, limiting the analysis to the household level without identifying the specific position of people with disabilities. Future research could intentionally select individuals with disabilities as the unit of analysis, providing deeper insights into their social status within specific provinces.

Despite its limitations, the study provides insights into household and community perspectives, emphasizing the interplay of physical, socio-cultural, governance, and economic factors in advancing disability inclusion within a WASH project and aligning with the UN Convention of Rights for Persons with Disabilities principles in Vietnam. It contributes to disability-inclusive WASH literature by examining connections between individual and family characteristics with perceptions, attitudes, and inclusion practices. The study's findings suggest progress with room for improvement in achieving disability inclusion within the WASH project, mirroring broader Vietnamese societal norms.

The Project contributed to disability inclusion by providing subsidies to households with disabled members. Although these subsidies were small compared to total latrine costs, they were valued by beneficiaries. However, the impact remained limited, with a small proportion of households building adaptive latrines and accessing disability-specific WASH support. Key barriers included high costs, limited workforce capacity, unclear guidelines for adaptive latrines, and low awareness.

The Project had some influence on perceptions and attitudes toward disability inclusion, with household members expressing strong support for prioritizing PWDs, the elderly, and low-income groups in WASH services. However, some PWD households felt stigmatized by the mobilization process, particularly during community meetings facilitated by the Women's Union and village heads, highlighting the need for more inclusive engagement. These experiences reflect broader patterns of exclusion and stigma faced by PWDs in Vietnam.

The Project team recognized the importance of disability inclusion, and some had positive shifts in attitudes toward PWDs because of their collaboration with Disabled People's Organizations. However, they struggled with implementation due to a lack of clear laws, regulations, and adaptive WASH guidelines.

At the community level, despite efforts by the Project and other WASH initiatives, disability-inclusive actions remained limited. There was a lack of disability-focused leadership in WASH initiatives and insufficient WASH information sharing with PWD households. Additionally, unclear laws and poor coordination across government departments further hindered awareness of inclusive practices.

Achieving disability inclusion requires substantial policy and practice reforms to ensure equitable and non-discriminatory participation in society [30]. Legislative changes should prioritize accessibility and inclusion across infrastructure, healthcare, education, workplace protections, transportation, and public services [30,36]. Implementing universal design principles can help remove physical and social barriers to WASH access and community engagement for PWDs. However, effective inclusion goes beyond infrastructure—cultural attitudes must shift through public awareness campaigns that challenge stigma and social conditions that perpetuate disadvantages [31,43].

A holistic approach is necessary to meet the diverse needs of PWDs and uphold their rights to WASH access. This includes training staff, removing structural barriers, providing support services, and fostering inclusive cultural attitudes [32]. Additionally, strong accountability mechanisms are needed to ensure NGOs and service providers fulfill their commitments to inclusive services [8]. Multistakeholder dialogue among WASH providers, policymakers, and the disability sector is crucial for developing inclusive practices [49,50], particularly in enabling meaningful participation of PWDs and addressing stigma and deficit-based perspectives [4,51]. In this process, PWDs must be actively involved in decision-making, ensuring policies and programs are responsive to their lived experiences [36]. Professionals such as social workers and the Women's Union play a key role in implementing inclusive practices, expanding opportunities, and amplifying the voices of disabled individuals and communities [30].

6.2. Implications for Practice and Policy

The following implications are offered for organizations implementing disability-inclusive WASH initiatives in contexts like Vietnam. They align with the UNCRPD's mandate for governments to "enable persons with disabilities to live independently and participate fully in all aspects of life" [36], p. 8. The convention also calls for measures to ensure equal access to the physical environment, transportation, information, and communication, removing the societal constraints that limit participation.

First, collaborate with community members, PWDs, and disability rights organizations to develop solutions that consider local political dynamics and policy environments. This would ensure that community leaders or services involved in WASH initiatives adopt a disability-inclusive approach in all stages of the initiative.

Second, design subsidy models that effectively assist PWDs in accessing various WASH services based on their economic conditions, ensuring universal access. This would necessitate sharing information with PWDs at the planning and design stage of WASH products to better understand their needs, including usability and affordability considerations, and from that development and/or adoption of adaptive standards in WASH facilities.

Third, prioritize ethnic minority groups when implementing WASH interventions in remote mountainous regions of Vietnam to ensure equitable participation and awareness-building alongside the Kinh groups. Fourth, undertake communication activities, such as training and consultations, that foster active participation, discussions, opinions, and a clear understanding of content. Fifth, integrate specific disability-inclusive measures that address barriers faced by PWDs into government policies to encourage inclusive community practices at all levels. These practices of inclusive communication could be done by directly engaging PWDs, and empowering them to have their voices heard. It builds on this study's findings that households with PWDs show greater interest in disability-related issues and actively promote inclusivity. Their heightened awareness of the challenges faced by individuals with disabilities underscores the importance of addressing their specific needs.

At the broader policy level, disability inclusion should focus on the intersection of gender, poverty, and disability. Disability assessments should be gender-responsive and consider the socioeconomic barriers facing PWDs. Access to education and skills training opportunities should be promoted for girls with disabilities. Companies should be incentivized to hire more PWDs, especially women with disabilities. Awareness campaigns should focus on eliminating stigma and prohibiting intersectional discrimination against women and PWDs. To address the specific needs of women with disabilities in Vietnam, job training should be diversified to suit different disability types, inclusive hiring practices

should be promoted by companies, and awareness about the rights of PWDs should be raised to prevent abuse.

Addressing gender and disability through specific measures aligns with Vietnam's 2013 Constitution, which mandates gender equality, and national strategies emphasizing access to services for marginalized groups, including people with disabilities. It helps to address the gap found in this study in terms of detailed laws on disability inclusion, guiding NGOs on specific actions for disability-inclusive WASH to incorporate in development projects.

Fostering disability inclusion through WASH interventions is a gradual and complex process. Organizations and actors involved in these interventions are shaped by historical, cultural, and societal factors, which influence norms and behaviors. Achieving meaningful change requires substantial shifts in interpersonal relationships and the redefinition of what is deemed acceptable in the community. To drive this transformative process, it is crucial to have sustained effort and long-term political commitment at the highest level. Leadership that recognizes the importance of inclusivity and actively promotes it can create an environment conducive to change. By fostering dialogue, raising awareness, and implementing inclusive policies, development project staff, project participants, and the communities they work with can gradually shift their practices and attitudes, ultimately breaking down barriers and fostering a more inclusive society.

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