

# Foundations of success: driving change through successful research collaborations

## Learning Brief



Image credit: WaterAid/Elite

Epic Arts delivering their performance of the key study findings at a dissemination workshop.

# Acronyms

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CDPO	Cambodian Disabled People's Organisation
CSO	Civil Society Organisation
ICED	International Centre for Evidence in Disability
IT	Information Technology
LMIC	Low-and Middle-Income Countries
LSHTM	London School of Hygiene and Tropical Medicine
NGO	Non-Government Organisation
OPD	Organisation of Persons with Disabilities
UNICEF	United Nations Children's Emergency Fund
WASH	Water, Sanitation and Hygiene

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# Introduction

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*Translating disability-inclusive WASH policies into practice: lessons learned from Cambodia and Bangladesh* was a two-year disability-inclusive research study. It was a collaborative study led by the London School of Hygiene & Tropical Medicine (LSHTM) in partnership with WaterAid and Cambodian Disabled People's Organisation. The research aimed to develop evidence-based guidance for governments in low-and middle-income countries about implementing inclusive water, sanitation, and hygiene at scale.

The LSHTM Principal Investigator originally planned to visit each country to guide and mentor the research teams to gather qualitative data in person. The research design changed because of the COVID-19 pandemic and national lockdowns. Instead, the Principal Investigator supported the team from the UK and data was collected remotely.

In Cambodia, the Principal Investigator and the research team collaboratively analysed, documented, and disseminated the study. A range of publications was produced, including academic journal articles, accessible briefing notes summarising these, and blogs. Study findings were communicated through virtual and face-to-face workshops, including with people with disabilities and their caregivers who participated in the study. Cambodian actors with disabilities performed key findings and recommendations at the start of workshops to bring the study to life. Recommendations were co-developed with external stakeholders.

This Learning Brief documents the process the Principal Investigator followed to remotely support and mentor the research team in Cambodia. The Brief captures the strengths and limitations of approaches and learnings gained. It includes recommendations for organisations that remotely support non-academics to conduct ethical research in low-and middle-income countries.

# 1.0 Setting the scene

## Study overview

The study, *Translating disability-inclusive WASH policies into practice: lessons learned from Cambodia and Bangladesh*, ran from 2019 to 2022. The research was led by the London School of Hygiene & Tropical Medicine (LSHTM), with WaterAid staff working in Cambodia, Bangladesh, and Australia. The study was disability-inclusive, so Organisations of Persons with Disabilities

(OPDs) in Cambodia and Bangladesh were also research partners.

The study aimed to develop evidence-based guidance for governments in low- and middle-income countries (LMICs) about implementing inclusive WASH at scale. Table 1 presents the specific research questions for both Bangladesh and Cambodia and the methods applied to achieve these.

Table 1. Research questions and methods applied to answer these

Research question	How this was achieved
1. What WASH policies and guidance are in place in Cambodia and Bangladesh, and which of these include the rights of people with disabilities, women and girls?	Policy analysis [2]
2. To what extent are the commitments to disability rights referenced in the government's WASH policies and guidance implemented in the selected provinces by the sub-national government officials and service providers?	Qualitative cross-sectional study in two provinces of Cambodia [3] and two districts in Bangladesh [4]
3. How does this implementation impact the experiences of people with disabilities and their caregivers?	
4. What guidance could assist actors in implementing inclusive WASH at scale?	The development of an inclusive WASH checklist [5] for government officials and service providers

### Box 1. Inclusive WASH definition [1]

Inclusive WASH is defined as a ‘...process which addresses the barriers to accessing and using water, sanitation and hygiene (WASH) services faced by people who are vulnerable to exclusion...’. The full definition makes it clear that inclusive WASH goes beyond constructing accessible WASH facilities and includes ensuring the meaningful participation of people with disabilities, providing accessible information, engaging and supporting caregivers, integrating disability-related activities and indicators in policies and guidance documents, and supporting WASH professionals to implement and monitor these.

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## **Changes to the research design caused by COVID-19**

Initially, the Principal Investigator (LSHTM) planned to visit each country to train the research teams to gather qualitative data with participants and mentor and coach the team throughout the research process. Data should have been collected in person using in-depth interviews, focus group discussions, PhotoVoice, and observation of household WASH services. PhotoVoice is a visual research methodology where participants document their experiences related to the study topic by taking photos. People with disabilities who had taken photos of their WASH-related experiences through PhotoVoice would present these directly to government officials and service providers at in-person dissemination workshops.

The COVID-19 pandemic hit in 2020. National lockdowns in all countries meant the Principal Investigator could not deliver face-to-face training or provide in-person support. Study funds for international travel were reallocated to recruit an additional team member in each country with qualitative research experience to provide day-to-day support.

Data collection was delayed because of increased COVID-19 rates, so a six-month project extension was granted to manage delays. During this time, amendments to ethics approval for remote data collection were submitted to, and approved by the LSHTM ethics committee, the National Ethics Committee for Health Research in Cambodia, and the Bangladesh Medical Research Council's ethics approvals.

In January 2021, data collection began in Cambodia. In summary, data was gathered remotely through in-depth interviews via internet video conferencing (for government officials and service providers) or telephone (for caregivers and people with disabilities). Data was analysed collaboratively during weekly calls between the Principal Investigator and the research team in Cambodia. Study findings were disseminated through several workshops, some of which were virtual. As PhotoVoice was not applied, music, dance, and drama were used to bring the study findings to life. Once lockdowns were lifted in Cambodia, performances of study findings were enacted at the start of in-person dissemination workshops.

In Bangladesh data collection began in late 2021. The research design, findings, and analyses were published elsewhere [4].

## 2.0 Purpose of the learning brief

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This Learning Brief documents the process followed by the Principal Investigator to work remotely with the research team in Cambodia to generate qualitative data, analyse, document, and disseminate it. The Brief records what was learned, the limitations, and how these could be addressed in future studies. It includes recommendations for organisations that remotely support non-academics to carry out ethical research in LMICs.

The paper does not explore how methods for remote data collection were adapted or how ethical standards were maintained during the study. Nor does it include details about the broader study. Information about these aspects can be found in other publications [2, 4, 6-8].

Woman with disabilities speaking at a dissemination event.



Credit: WaterAid/Sokment You

## 3.0 Key learning themes

### 3.1 Collaboration

This disability-inclusive research was designed to 1) develop the skills of WASH professionals to generate rigorous evidence to strengthen their policy and practice influencing efforts and 2) to enable people with disabilities to learn more about inclusive WASH for greater integration in efforts to promote disability rights.

#### Strategic contribution of each organisation

The team consisted of the Principal Investigator (LSHTM), the Technical Advisor (WaterAid in Australia), two staff from WaterAid in Cambodia (one woman and one man), a man with disabilities from the Cambodia Disabled Persons' Organisation (CDPO), and a Cambodian woman with disabilities who is an independent consultant. Table 2 presents the organisations that collaborated in this research and their strategic contribution to the Cambodian study.

Table 2. What each organisation brought to the study

Position and name	Organisation	Organisation overview	Organisation's contribution
Dr Jane Wilbur: Principal Investigator	International Centre for Evidence in Disability (ICED), LSHTM	University is renowned for its research in public and global health. ICED is the largest disability research centre globally.	Experienced in conducting rigorous and ethical academic research in disability and WASH, publishing journal articles, and enhancing the research team's skills.
Chelsea Huggett: Technical Advisor	WaterAid in Australia	An international non-governmental organisation (NGO) that focuses on improving access to WASH for everyone. Activities include working with local partners to deliver sustainable WASH services, policy influencing, and campaigning.	Communicating academic research in various mediums for different audiences; disseminating study findings globally.
Pharozin Pheng: Research Manager  Rithysangharith Has: Research Officer	WaterAid in Cambodia		Enjoys strong relationships with national and sub-national governments, WASH service providers, and OPDs. Has a history of influencing actors to mainstream inclusive WASH in policies and practice, developing practical guidance, and designing training to support this.



Table 2. What each organisation brought to the study

Position and name	Organisation	Organisation overview	Organisation's contribution
Vannda Slout, Researcher	CDPO	Membership-based NGO that represents people with disabilities in Cambodia and advocates for disability rights at a national level.	A national network of 75 OPDs, working with members, CSOs, government, and development partners to implement national disability laws and strategies [9, 10].
Sophak Kanika Nguon: Qualitative researcher (independent consultant)	N/A	N/A	N/A

The LSHTM identified WaterAid in Cambodia as a collaborative research partner because its country strategic objectives included 'marginalized groups championing inclusive WASH' [11]. Before this study, WaterAid had supported the Government of Cambodia in developing national guidelines on WASH for people with disabilities and older adults [12, 13]. Therefore, this study aligned with WaterAid's strategic priorities and strengthened their work by providing rigorous evidence to influence policy and practice.

WaterAid also had two staff members focusing on mainstreaming equality, inclusion, and non-discrimination in WaterAid's work, both of whom worked on this study. Consequently, the WaterAid team members had the experience, mandate, and time to focus on this study.

WaterAid identified CDPO because they are the national network organisation of OPDs, and they had previously worked together to advocate for inclusive WASH in Cambodia.

### Building an inclusive and technically experienced team

Research exploring disability must meaningfully involve people with disabilities. This is in line with rights-based principles, but it also means that any outputs produced are more likely to address people with disabilities' requirements. People with disabilities were part of this study's research team. They advised on data collection tools by drawing on their lived experience of disability and presented study findings directly to external stakeholders. These activities demonstrated how people with disabilities could meaningfully participate in research, disseminate findings, and advocate for themselves. Research team members with disabilities were accommodated to carry out their roles effectively. For instance, when sharing study findings in the provinces, accessible accommodation and transport were provided.

The Principal Investigator is a disability and WASH academic researcher with practical experience designing, implementing,

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and evaluating inclusive WASH programmes. The Cambodian researcher had experience in qualitative studies. The rest of the team were practitioners with expertise in inclusive WASH policy, practice, and disability rights. This experience meant that the team did not need to spend time explaining the role of an academic institution, Civil Society Organisation (CSO), or OPD. All team members understood key concepts, such as inclusive WASH and human rights principles. Everyone valued each other's expertise and contribution to the study. All were aware of the need to generate rigorous evidence about disability and WASH and knew how to use it to influence key stakeholders to increase attention to reducing WASH inequalities. These factors helped build a strong foundation for effective collaboration.

The whole team was involved in data collection, analysis, documentation, and dissemination. Throughout this process, the team was cognizant of maintaining academic rigour, adhering to ethical principles, engaging key stakeholders, and influencing targets throughout the study. Study outputs were relevant for WaterAid, CDPO, Cambodia's WASH sector actors, and the LSHTM.

Some limitations were faced. The Cambodian researcher was knowledgeable about

qualitative studies but did not have extensive experience in leading disability research and guiding a non-academic team through the process. Therefore, the support required by the Principal Investigator across both teams in Cambodia and Bangladesh was more than anticipated. Developing the capacities of early years researchers with disabilities in LMICs is integral to increasing disability-inclusive research. If studies are led remotely by a Principal Investigator, it is crucial to have strong in-country research collaborators to mentor and coach team members unfamiliar with disability research and/or qualitative research.

Securing amendments to the original ethics approvals, conducting the research, and producing the outputs took more time than the number of staff days funded. Research often takes longer than expected, so staff time should be over and not underestimated in donor proposals.

Finally, as the research team training, interviews, and some dissemination workshops were conducted remotely, the research team had to resolve technical issues, which was time-consuming. In hindsight, including a budget for technical support would have been beneficial.

## Recommendations

- Collaborate with organisations that have similar strategic aims
- Identify individual team members who are a) passionate about equality, non-discrimination, and inclusion and b) have the mandate and space to work on the research
- Work with in-country researchers experienced in leading disability research and supporting early researchers and non-academics to enhance their capacities. This will lead to strong research outputs and skill enhancement

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- Include people with disabilities on the research team and provide reasonable accommodations so they can carry out their role effectively
  - Involve the research team in every stage of the study and support capacity enhancement throughout
  - Produce outputs that are useful, fill a gap, and enable research partners to influence WASH sector actors
  - Over rather than underestimate staff time required in donor proposals
  - Include technical support in the research budget

## 3.2 Research team training

### **Designing interactive and quality training remotely requires the provision of accessible resources in advance**

The Principal Investigator designed and delivered the research team training course via Zoom across 1.5 weeks. Content included a description of the study and Cambodia's WASH sector, a definition of inclusive WASH and findings from the policy analysis. Training also explained qualitative research, interviewer skills, how to conduct ethical research with people with disabilities, how to use topic guides and maintain mental health and wellbeing during the study. The training was delivered through a mix of PowerPoint presentations, role-play, group work, and plenary discussions.

Before the training, the Principal Investigator sent the team pre-recorded PowerPoint presentations, accompanying transcripts, and session handouts. Therefore, individuals could repeat sessions if required. Every day, the Cambodian team completed the days training as a group, discussed the content in Khmer and agreed on questions for the Principal

Investigator. The latter joined the training to answer questions and provide additional guidance, clarification, or examples.

During the training, the team reviewed the English version of the topic guide content to ensure questions were clear, relevant, and appropriate. The team split into virtual groups and practised leading interviews using the topic guide and giving constructive feedback on each other's interview style. Suggested changes to the topic guides were discussed and addressed.

Before data collection, the team conducted mock interviews with WaterAid and CDPO staff not involved in the research via online video conferencing. The purpose was to practise and test the topic guides and conduct interviews remotely. Any changes were discussed and integrated into the final data collection tools.

This process worked well, but it could be further improved. For instance, all research team members thought receiving the pre-recorded PowerPoint presentations and other materials before the training was helpful.

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However, the team still spent a lot of time explaining the content in Khmer to those whose English was not advanced. Thus, they recommend using live audio translation throughout the training to ensure consistent understanding among all team members.

Topic guides were only shared in English due to time constraints. Circulating the Khmer

versions simultaneously would have enabled more consistent comprehension. The team also wanted more time to practise conducting interviews which would have been particularly beneficial for less experienced individuals. However, the team also became fatigued after long Zoom meetings. Shortening the days and spreading the training across a more prolonged timeframe may have helped.

## Recommendations

- Pre-record presentations and share them with the transcripts before the training
- Translate training materials and data collection tools into the local language
- Use language interpretation in the training
- Build in a lot of time to practise interviewing using topic guides
- Keep sessions short and have a lot of breaks



Credit: WaterAid/Tom Greenwood

Older woman with disabilities and her caregiver cleaning her walking stick.

## 3.3 Data collection and analysis

### Data collection in pairs was a successful model

Interviews with research participants were conducted in pairs. One person was a WASH professional and the other was a disability specialist, ensuring expertise across both areas.

One person led the interview and the other supported them. The latter ensured the technology worked, reminded the lead researcher of any issues not discussed, and provided constructive feedback on interview techniques after the meeting. After every interview, the pair met to discuss emerging findings, what went well and less well,

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and how to build on strengths and address challenges in the following interviews.

One team member, a wheelchair user, explained that the adaptations made during COVID-19 supported her participation: conducting interviews remotely during the national lockdowns was easier than collecting data in person because she did not need to leave home.

### **Real-time collaborative data analyses was time intensive but led to a deeper understanding and ownership of the findings**

Interviews were recorded and transcribed in English. Transcriptions were sent to the Principal Investigator within two weeks of the interview. Using comments in Microsoft Word, the Principal Investigator fed back on the individual's interview techniques, including highlighting examples of open and closed questions, effective probing and where this could have been improved. She also included questions about the participant's answers, early analysis of findings, and areas to explore in future interviews. The document was circulated to the research team and then discussed on weekly calls where further data

analyses took place. Collaborative data analysis was time intensive but enabled the Principal Investigator to enhance the team's research skills during data collection. It also meant important issues were probed into during future interviews, thus contributing to rigour and data triangulation.

### **Maintaining mental health and wellbeing required team-based support, coaching, and trust building**

Research participants included people with disabilities and their caregivers, who are vulnerable to exclusion and often live in WASH poverty, so at times, the team found the exchanges upsetting. Interviews were also carried out during the COVID-19 pandemic. Team members were managing work, childcare, supporting sick relatives, and trying to maintain their health. Team members with disabilities, who are statistically at heightened risk of severe COVID-19 outcomes [14, 15], may have been particularly apprehensive. Therefore, developing a supportive team environment, holding regular debrief meetings, and discussing mental health and wellbeing were prioritised. This approach led to a high level of trust and support across the team. Facilitating access to a counselling service for a research team in a future study could be beneficial.

## **Recommendations**

- Interview in pairs and debrief after each interview
- Prioritise mental health and wellbeing and fully resource this
- Transcribe interviews quickly and analyse these during data collection
- Meet regularly to collaboratively analyse data
- Mentor and coach the team throughout data collection and analyses
- Give feedback on interview techniques throughout data collection so that learning can be applied during the study

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## 3.4 Documentation

### Investing in accessible outputs led to broader dissemination

Academic journal articles were published about the policy analysis and the qualitative cross-sectional study [2, 3]. Briefing notes that summarised the article, used a less academic writing style, were professionally designed, and translated into Khmer were also published [6, 16]. Briefing notes were shared with external stakeholders at dissemination workshops. We also wrote blogs, including one written by the Cambodian team about their research experience [17-19].

Epic Arts (an inclusive arts organisation based in Cambodia that uses art to empower and bring people with disabilities together [20]) was commissioned to develop a film and live performances of a selection of study findings and recommendations.

This range of outputs was ambitious and took longer than expected. However, having numerous publications that were accessible and tailored for different audiences helped widely disseminate the findings.

### Internal participatory workshops to finalise findings, summarise these, and co-develop draft recommendations strengthen external dissemination

Following the completion of data analyses using Nvivo 12, the Principal Investigator designed and delivered a workshop with the team in Cambodia and the Technical Advisor. The purpose of the workshop was to:

1. Present findings from the analysis of Cambodia's WASH policies and guidance [2].
2. Share the qualitative study's key findings; validate and finalise them for presentation to external stakeholders.
3. Draft recommendations for government officials and service providers. These drew on recommendations made by research participants during interviews and those developed by the Principal Investigator during data analyses.

Team members remarked that this process was well coordinated, demonstrated how study findings can be presented, facilitated the development of practical and relevant recommendations, and encouraged ownership over these.

The presentation was revised following the research team training and finalised for delivery to external stakeholders. The PowerPoint presentation contained facilitation guidance in the notes section. Initially, the research team delivered the PowerPoint presentation with WaterAid and CDPO staff to seek feedback on draft recommendations before conducting dissemination workshops with external stakeholders.

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## Recommendations

- Publish open access academic journal articles with briefing notes which synthesise findings
- Package information for different audiences in accessible formats. Translate these into the local language
- Lead participatory research team workshops to finalise data analyses and collaboratively develop recommendations
- Provide a format and guidance for external dissemination workshops

### 3.5 Dissemination

Communication with the research, policy, and practice communities in Cambodia and beyond was facilitated through the dissemination of study findings via social media, academic presentations at seminars and conferences

by the research partners and the Water for Women Fund. Research findings were also included in LSHTM, and the Royal University of Phnom Penh taught courses. Dissemination mechanisms applied in Cambodia included meetings and workshops with influencing targets, which are discussed in this section.

Man with disabilities speaking at a dissemination workshop



WaterAid/Sokmeng You

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## Facilitating interaction and collaboration between government officials, service providers, OPDs, and people with disabilities increased awareness of inclusive WASH and how to achieve it

Originally, dissemination was planned through in-person workshops at the national and sub-national levels. The former was conducted virtually in February 2022. The workshop was attended by relevant government ministries, OPDs, Civil Society Organisations, people with disabilities and their caregivers.

The research team delivered the PowerPoint presentation developed through the research team workshop. The briefing note of the published policy analysis and the qualitative cross-sectional study [6, 16] (translated into

Khmer) were disseminated at the workshop [6]. These briefing notes let workshop participants read more about the study if required.

Workshop participants split into groups according to their organisational type (e.g., government officials, CSOs, OPDs), discussed the study findings and draft recommendations and fed back in plenary. A report on the workshop, written by WaterAid, captures participants' reactions to the workshop [21]. In summary, participants thought the meeting effectively convened various stakeholders to discuss inclusive WASH and enhanced collaboration between them. Attendees noted that the representation and meaningful participation of OPDs and people with disabilities were powerful. Participants said the workshop improved their understanding of the issues facing people with disabilities and their families and what they could do to reduce WASH inequalities.



Epic Arts performance of the key study findings at a dissemination workshop

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## Creative dissemination of findings with Cambodian actors with disabilities was powerful

Once national COVID-19 lockdowns lifted, we delivered two dissemination workshops in both the Svay Reing and Kampong Chhnang Provinces, where we conducted the research. The first workshops were attended by sub-national government officials and service delivery organisations, including the private sector. People with disabilities and their caregivers who were interviewed in this study, commune authorities, CDPO, and local OPDs attended the second workshop. People with disabilities and their caregivers were collected from their homes and taken to the workshop to ensure they could attend if they wished.



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Workshops started with Epic Arts' performance of the critical study findings and recommendations. The performance was followed by group discussions and a quiz on what had been shared.

Any areas that were not clearly understood were reviewed in more detail. Participants said the performance was powerful as it brought the findings and recommendations to life.

## Recommendations

- Hold multiple workshops with influencing targets; share study findings and draft recommendations for validation and finalisation during these
- Ensure OPDs and people with disabilities attend workshops and that they can meaningfully participate and influence outcomes
- Bring the findings to life through creative dissemination initiatives such as drama and music
- Validate study findings with participants with disabilities and their caregivers. Provide transport to and from the workshop
- Share publications in accessible formats at these events

## 3.6 Skill enhancement

Ensuring the research team participated in every research stage, from design to dissemination, resulted in a strong sense of team ownership. It also enhanced individual's research skills and ability to influence others to promote, deliver, and achieve inclusive WASH. These skills are presented in this section.

### Research skills

**Data collection:** Using topic guides to direct interviews, asking open and probing questions, conducting interviews remotely and applying the technologies for this, maintaining mental health and wellbeing during data collection, and ensuring people with disabilities can effectively participate in research.

### Data analyses and documentation:

Identifying key themes, documenting these with participants' quotes in PowerPoint presentations and journal articles, the journal publication process, and repackaging information in briefing notes. The research team who contributed to the journal article were co-authors; this was highlighted as an important output for an individual's credibility. For instance, the independent qualitative researcher also is an early career researcher at the Royal University of Phnom Penh, which was also valued by her institution. It is important to ensure that researchers from LMICs co-author publications and are supported to take more of a leading role in this process. Not only does this increase skills and ownership, it is also an important step towards decolonising global and public health research.

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**Dissemination:** Leading workshops to collaboratively develop recommendations with external stakeholders (who are also influencing targets), using performance to communicate findings and recommendations succinctly and emotively, sharing and validating research findings with participants with disabilities and their caregivers.

### **Enhanced understanding of disability, WASH, and inclusive WASH**

All research team members stated that their involvement in the research team enhanced their understanding of the WASH-related experiences of people with disabilities and their caregivers and the challenges and opportunities for implementing inclusive WASH. This knowledge enabled them to discuss the issues more confidently and with conviction whilst drawing on rigorous scientific evidence. Consequently, this study has enhanced the global network of skilled and informed influencers to pioneer inclusive WASH in different settings.

### **Developing research partnerships**

This study has enhanced existing relationships between the LSHTM, WaterAid, and CDPO. WaterAid staff remarked that their understanding of what conducting research entails, including the time investment, so

they are more informed going into new partnerships with academic institutions. As WaterAid has direct relationships with governments, they can explain what is entailed to policy makers, who tend to want mixed-methods studies with large sample sizes without always appreciating what this entails. A desire for large sample sizes from donors, governments, and even some ethics committees should not result in research partners being overly ambitious or scaling back on staff time required to conduct the study.

The team's research skills could be developed further through a similar partnership and study. With the foundations built in this study, individuals could be supported to take more of a leadership role in specific research activities. The Principal Investigator took this approach with a qualitative research team in Vanuatu across two studies. Initially, the team had limited experience conducting qualitative research to explore WASH issues with people with disabilities and their caregivers. The team's skills were developed through the first study. The second study was conducted remotely during COVID-19, so the Principal Investigator applied the same process documented in this Learning Brief. In the second study, the team needed less support, were more confident and took a more leading role, especially during data generation. They collected high-quality, rich qualitative data ethically.

## **Recommendations**

- Enhance the skills of the team in every stage of the research
- Build on these skills by supporting the research team to lead on future research activities

# 4.0 Foundations of success: driving change through successful research collaborations.

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Drawing on learning gained through the study, Figure 1 summarises the recommendations in this Learning Brief and presents them as foundations for remotely supporting non-academics to carry out ethical research in LMICs.

Figure 1 Foundations for remotely supporting non-academics to conduct research



## Collaboration

- Select research partners with aligning strategic aims and objectives
- Collaborate with in-country, experienced researchers
- Recruit people with disabilities to research team and provide reasonable accommodations
- Involve the team in all stages of the research
- Deliver accessible outputs that can be used to influence WASH sector actors



## Research team training

- Provide translated materials and pre-recorded sessions before the training takes place
- Use interactive teaching methods and language interpretation



## Data collection and analyses

- Interview in pairs and debrief after each interview
  - Prioritise mental health and wellbeing
  - Collaboratively analyse data during its collection
  - Mentor and coach the team
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Figure 1 Foundations for remotely supporting non-academics to conduct research



## Documentation

- Publish open-access academic journal articles with briefing notes
- Package information in the local language for different audiences in accessible formats
- Lead participatory research team workshops to finalise data analyses and co-develop recommendations



## Dissemination

- Disseminate findings through multiple and accessible pathways
- Bring study findings to life through drama
- Validate findings with participants with disabilities and their caregivers. Provide transport to and from workshops
- Facilitate collaboration between OPDs, people with disabilities, government officials, and service providers
- Finalise study recommendations with influencing targets

# Conclusion

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This Learning Brief has captured several study strengths and limitations. Recommendations draw on the extensive learning gained through this study. These can be applied by organisations leading research studies and supporting non-academic team members through the process.

The strengths of particular note were that people with disabilities were at the front and centre of this research. They were accommodated to carry out their roles effectively. Involving and mentoring the research team through all stages of the study enhanced skills and knowledge of research methods, disability, and WASH. Collaboratively analysing data during its collection was time intensive but led to a deeper understanding of the overall study findings.

Appreciating and drawing on every partner's strengths resulted in developing practical, credible, and accessible outputs that can encourage more inclusive WASH policies and practice. Investing in multiple and accessible dissemination mechanisms brought together people with and without disabilities. Various stakeholders co-developed recommendations. This raised awareness of the issues and how to address WASH inequalities for people with disabilities and their caregivers.

In conclusion, continuing to systematically enhance the capacities of individuals with and without disabilities in LMICs to conduct rigorous and ethical research is essential in decolonising global and public health.

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