



WaterAid/Habibul Haque

## Briefing Note 2

# Cambodia and Bangladesh Water, Sanitation and Hygiene Policy Analysis



Using the EquiFrame to understand how WASH policies and program documents capture the rights of people with disabilities and women and girls.

# Acknowledgements



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Shabana Das (25) washes her son after using the toilet. Due to massive awareness programme of WaterAid, most people are now conscious about good hygiene practices in this area. Trimohoni, Dacop, Khulna, Bangladesh. 24 August 2020.

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# Introduction



In many low- and middle- income countries, people with disabilities, and women and girls experience barriers to accessing water, sanitation and hygiene (WASH) services and facilities. For example, a recent multi-country analyses reported that the majority of people with disabilities frequently required assistance, and faced difficulties when use the same WASH facilities as other household members. (2). People with disabilities can also experience stigma and discrimination when accessing WASH services (3).

WASH policies must integrate concepts of disability and gender to ensure WASH services and their delivery are inclusive and fully meets the needs of people with disabilities, women and girls.

Women and girls with disabilities experience double discrimination. For example, in Cambodia, women with disabilities reported exclusion from community meetings, making it difficult for them to learn about WASH and personal hygiene (4).

Inadequate WASH also relates to gender inequality. Women and girls are disproportionately affected by poor WASH, (5). For example, a global systematic review estimated of 61-79% of women were primary carriers of water and this was associated with pain and poorer health (6).

## Box 1. Defining disability

Persons with disabilities are: ‘...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.’

*UN Convention on the Rights of persons with Disabilities (UNCRPD)* available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

## About the study



Rubel Mia, (25) from Exain colony, ward no 13, Chattogram City Corporation is using an inclusive hand washing station installed by WASH4 Urban Poor project of WaterAid Bangladesh

Our study, *Translating disability inclusive WASH policies into practice: lessons learned from Cambodia and Bangladesh*, aims to develop evidence-based guidance for governments in low and middle income countries (LMICs) about implementing disability inclusive WASH at scale.

As a first step, we conducted a literature review to examine the inclusion of people with disabilities, and women and girls in WASH policy and program documents in Bangladesh and Cambodia. Findings are documented below. These results have informed qualitative research in both countries, which aims to identify the factors that facilitate and disrupt the implementation of disability inclusive WASH policies in LMICs. We are interviewing policy-makers, service providers, rights-based groups, women and men with disabilities, and caregivers to understand their experiences.

## Literature review aim and search strategy

The literature review aimed to examine the extent to which WASH policy documentation in Bangladesh and Cambodia included information on the rights of people with disabilities, and women and girls, and the extent to which policy commitments were implemented.

We conducted a content analysis of two types of WASH from Bangladesh and Cambodia:

- Policy documents: included policies, action plans, strategic objectives and national guidelines, that were either strategic or operational in nature. Legislative documentation was not included, nor were documents provided by regional or local authorities
- Program reports: captured information on implemented WASH programs, including endline reports. Protocols, inception reports or mid-line reviews were excluded.

Policy and program documents were sourced through an online search and through the research team's networks.

## What is the EquiFrame?

The EquiFrame is a tool developed to assess the inclusion of 'core concepts' of human rights in health policies for groups that may be vulnerable (7) (see Box 2). Each core concept have a set of key language and questions. By using these key questions, policies can be scored against human rights criteria. The EquiFrame has been applied to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), with 95% of the core concepts included in the Convention (8). This demonstrates the applicability of these concepts when assessing documents in their inclusion of the rights of people with disabilities.

### Box 2. What is a 'core concept'?

A 'core concept' is a term from the Equiframe Tool. A core concept refers a key human right for people with disabilities, such as Non-discrimination. Each core concept is defined by a set of key questions and language. There are 21 core concepts in total.

For this study, we adapted and used the EquiFrame tool to evaluate the extent to which the WASH policy and program documents of Cambodia and Bangladesh include the rights of people with disabilities, and women and girls.

Box 3 shows two examples of core concepts. See Annex 1 for the full table of the EquiFrame adapted for WASH, disability and gender in this study.

### Box 3: Examples of two core concepts of EquiFrame adapted for people with disabilities and women and girls in the context of WASH

EquiFrame concept	Key question	Key language
<b>Non-Discrimination</b>	Does the policy support the rights of people with disabilities and women/girls with equal opportunity in receiving WASH services?	People with disabilities and women/girls are not directly or indirectly discriminated against within the WASH system
<b>Participation</b>	Does the policy support the right of people with disabilities and women/girls to participate in the decisions that affect their lives and enhance their empowerment?	People with disabilities and women/girls can exercise choices and influence decisions affecting their life. Consultation may include planning, development, implementation and evaluation

## Exploring the Results Findings

Sixteen WASH policy documents were analysed: six from Cambodia, and ten from Bangladesh. We analysed seven program documents: five from Bangladesh, and two from Cambodia, so a total of 29 documents overall. The following sections provide a summary of the results showing the most and least valued concepts across all included documents for disability and gender.

### Valued concepts:

Disability inclusion in WASH policies focused on *Access* and *Individualised Services*. These focused on accessibility of WASH infrastructure and services near households, schools or other public places. *Participation* also featured relatively highly in relation to disability. Below is an example of *Access*:

“Include sanitation businesses in disability awareness raising and encourage universal accessible design principles – emphasizing the benefits and usability of the whole community throughout a persons’ life cycle.”

*National Guidelines on WASH for Persons with Disabilities and Older People: Cambodia (Access)*

Disability inclusion in WASH programming documents focused mostly on *Capacity building*. For example:

“The disability-friendly latrines installed by the project were used as a demonstration to the local government and service providers, such as the municipal and sub-district governments, Department of Public Health and Engineering, and other NGOs.”

*ADD International – Improved Sanitation for Women and Children with Disabilities living in extreme poverty in Bangladesh (Capacity building)*

### Box 4. Defining the five Core Concepts most valued across Disability and Gender

#### Most valued - Disability:

- 1. Access:** Does the policy support people with disabilities and/or women/girls – physical, economic and information access to WASH services? People with disabilities and women/girls have accessible and safe WASH services within, or in the immediate vicinity, of household, health and educational institution, public institutions and workplace. All information must be understandable and in appropriate format
- 2. Individualised Services:** Does the policy support the rights of people with disabilities and women/girls with individually tailored WASH services to meet their needs, choices and impairments? People with disabilities and women/girls receive specific, appropriate and effective WASH services. For people with disabilities, this includes reasonable adjustments made/supported, when necessary. For women/girls, this may include services specific to menstrual health and hygiene
- 3. Participation:** Does the policy support the right of people with disabilities and women/girls to participate in the decisions that affect their lives and enhance their empowerment? People with disabilities and women/girls can exercise choices and influence decisions affecting their life. Consultation may include planning, development, implementation and evaluation.

#### Most valued - Gender:

- 1. Individualised Services:** see definition above
- 2. Participation:** see definition above.
- 3. Capacity Building:** Does the policy support the capacity building of health workers and of the system that they work in addressing WASH needs of people with disabilities and women/girls? Includes awareness raising among communities and families on disability and on the specific issues/barriers facing people with disabilities and women/girls

In relation to gender in WASH policies, most common references were to *Individualised services*. The greatest focus was on tailoring WASH services to meet women and girls' needs and choices such as menstrual health. Here is an example of Individualised Services in relation to gender equality:

"Ensure hand pumps and water containers are women- and girl-friendly, and are designed in ways that minimize the time spent collecting water."

*Operational Guidelines for WASH in Emergencies: Bangladesh (Individualised services)*

There was also a relatively high amount of information provided on *Participation* in relation to gender in WASH policies. In relation to program documents, *Capacity building* is most commonly referred to against gender, as it was for disability.

## Neglected concepts

In relation to disability, the core concepts, *Family resource* and *Family support*, received minimal coverage in WASH policies from both countries. Furthermore WASH policies treated people with disabilities as a homogenous group. They did not explicitly reference children with disabilities or women with disabilities.

In program documents, *Protection from harm* was not regularly referenced in relation to people with disabilities.

In terms of gender, WASH policies neglected to focus on *Family resource* and *Family support*.

In program documents, the core concepts of *Liberty*, *Privacy*, *Family support* were not referenced against gender.

### Box 5. Definition of five Core Concepts least valued against Disability and Gender

#### Least valued - Disability:

- 1. Protection from Harm:** Does the policy outline that people with disabilities and women/girls are to be protected from harm during their interaction with WASH and related services? People with disabilities and women/girls are protected from harm during their interaction with WASH services and health related systems, as well as from families and the community who may have negative attitudes about WASH for people with disabilities and women/girls (e.g. topics such as menstrual hygiene)
- 2. Family resource:** Does the guidance recognize the value of the family members of people with disabilities in addressing WASH needs? The document recognizes the value of family members of people with disabilities as a resource for addressing WASH needs.

#### Least valued - Gender:

- 1. Family resource:** see definition in box 2.
- 2. Liberty:** Does the policy support the right of people with disabilities and women/girls to be free from unwarranted physical or other confinement? People with disabilities and women/girls are protected from unwarranted physical or other confinement while in the custody of the service system/provider. This includes at home and a healthcare service.
- 3. Privacy:** Does the policy address the need for information regarding people with disabilities and women/girls to be kept private and confidential? Information regarding people with disabilities and women/girls need not be shared among others.

## Comparison between disability and gender

Core concepts of human rights related to gender were referenced much more often than to disability inclusion in the documents reviewed. The rights of women and girls were given greater focus across both policy and program documents in both countries.

## Discussion: What do these findings mean for inclusive WASH policy and practice?

This study explored the inclusion of core concepts of human rights in relation to people with disabilities, and women and girls' rights in WASH in Cambodia and Bangladesh policy and program documents.

Findings show that WASH policy focused most on *Access* – the provision of WASH services near households, schools or other public places that are suited to the needs of people with disabilities. *Access* also refers to providing accessible WASH information. These positive steps could begin to overcome barriers to WASH faced by people with disabilities.

In both countries, WASH policies included a strong focus on *Individualised services* in relation to gender and disability. The greatest attention was given to tailoring WASH services to meet women and girls' needs and choices such as menstrual health. This demonstrates a focus on meeting WASH needs of women and girls. However, *Participation* also featured relatively highly in relation to both disability and gender in Cambodia and Bangladesh's WASH policies. This shows how WASH systems in both countries aim to bring about greater empowerment of people with disabilities and women and values their decision-making input.

*Capacity building* featured highly for both gender and disability in program documents, but was missing from WASH policies. Limited skills and knowledge about disability and gender can inhibit equitable access to WASH services. Developing capacities are critical for ensuring WASH policies and programming are inclusive and that policy commitments are then implemented.

Across both disability and gender, there was limited focus on concepts of *Family support* and *Family resources*. These core concepts focus on how family members often provide support to people with disabilities to meet their WASH needs, and the impacts of carrying out those tasks. Caregivers need information and



Salma Mahbub, Secretary-General of Bangladesh Society for the Change and Advocacy Nexus (B-SCAN)

support to enable them to carry out this role. For example, they need guidance about how to support someone else to manage menstruation hygienically and with dignity (9). If that does not happen, people with disabilities who are reliant on caregivers, may fair worse than those who can manage more independently (10).

*Protection against harm* (safety and security issues related to WASH services), was strongly referenced in WASH policies against gender, which is a positive finding. However it is not documented in relation to disability. This indicates a deeper understanding of the risks to gender based violence when accessing WASH, than the risks to safety that people with disabilities (including women) experience when accessing WASH. People with disabilities are vulnerable to discrimination, abuse and violence (11, 12). This must be recognised and mechanisms put in place within policies to protect people with disabilities from harm when using WASH services.



WASH is an important public health concern for children. Around 310,000 children under five die every year from diarrhoeal diseases caused by poor water and sanitation (13). Girls were well represented in the policy and programs, which was an encouraging finding. However, specific guidance on the rights of children and women with disabilities is needed in WASH policy and programming.

Despite women with disabilities being disproportionately affected by inequalities in WASH, this group was not identified as a target group in WASH policies in Bangladesh and Cambodia.

In terms of comparing gender and disability, the findings show that core concepts of human rights are more commonly referenced against gender than to disability. There are a number of reasons for this. It may reflect a better understanding of the WASH needs specific to women and girls. It could also demonstrate a greater commitment of support to this group, given their larger demographic representation. For example, women carry out most of the WASH related household labour, and may

therefore be a more visible group to deliver WASH services to. And finally it may reflect the longer history of gender inclusion in policy, compared to disability inclusion, which is a more recent in development practice.

## Conclusion

This literature review has highlighted that commitments to accessibility of WASH information and infrastructure was prioritised in Bangladesh and Cambodia's policy and program documents reviewed. However, greater attention must be given to the role that caregivers play in supporting people with disabilities and women and girls with WASH tasks. Analyses also show disparities in attention to progressively realising the rights to water, sanitation and hygiene for people with disabilities compared to women and girls. In order for Bangladesh and Cambodia WASH efforts to uphold the guiding principle of "leave no one behind", WASH policy must contain information relevant to a greater breadth of rights of people with disabilities and gender.



Anita Das (40) collecting rainwater for her family's drinking purposes. Trimohoni, Dacop, Khulna, Bangladesh. 24 August 2020

# Annex 1

## 21 core concepts of EquiFrame, adapted to the rights of people with disabilities, and women and girls, in the context of WASH

No.	Core Concept	Key Question	Key Language
1.	Non-discrimination	Does the policy support the rights of people with disabilities and women/girls with equal opportunity in receiving WASH services?	People with disabilities and women/girls are not directly or indirectly discriminated against within the WASH system
2.	Individualised services	Does the policy support the rights of people with disabilities and women/girls with individually tailored WASH services to meet their needs, choices and impairments?	People with disabilities and women/girls receive specific, appropriate and effective WASH services. For people with disabilities, this includes reasonable adjustments made/supported, when necessary. For women/girls, this may include services specific to menstrual health and hygiene
3.	Entitlement	Does the policy indicate entitlements for people with disabilities and women/girls (e.g. respite grant or reduced user fee), and how they may qualify for specific benefits relevant to them?	People with disabilities and women/girls who have limited resources are entitled to some services free of charge or at a sliding scale tariff, especially if in unpaid work
4.	Capability based services	Does the policy recognise the capabilities of people with disabilities and women/girls?	For instance, programs including peer support, mentoring and group advocacy. People with disabilities and women/girls are meaningfully represented in WASH committees. For people with disabilities, programs may be implemented by DPOs
5.	Participation	Does the policy support the right of people with disabilities and women/girls to participate in the decisions that affect their lives and enhance their empowerment?	People with disabilities and women/girls can exercise choices and influence decisions affecting their life. Consultation may include planning, development, implementation and evaluation
6.	Coordination of services	Does the policy support assistance of people with disabilities and women/girls in accessing services from within a single provider system (interagency) or more than one provider system (intra-agency) or more than one sector (inter-sectoral)?	People with disabilities and women/girls know how services should interact where inter-agency, intra-agency and inter-sectoral collaboration is required. This includes coordination between health services, schools, households and public places, with regards to WASH. Additional coordination opportunities include the WASH sector with the private sector, civil society and rights groups
7.	Protection from harm	Does the policy outline that people with disabilities and women/girls are to be protected from harm during their interaction with WASH and related services?	People with disabilities and women/girls are protected from harm during their interaction with WASH services and health related systems, as well as from families and the community who may have negative attitudes about WASH for people with disabilities and women/girls (e.g. topics such as menstrual hygiene)
8.	Liberty	Does the policy support the right of people with disabilities and women/girls to be free from unwarranted physical or other confinement?	People with disabilities and women/girls are protected from unwarranted physical or other confinement while in the custody of the service system/provider. This includes at home and a healthcare service.
9.	Autonomy	Does the policy support the right of people with disabilities and women/girls to consent, refuse to consent, withdraw consent, or otherwise control or exercise choice or control over what happens to her or him?	People with disabilities and women/girls can express "independence" or "self-determination". For instance, person with an intellectual disability will have recourse to an independent third party regarding issues of consent and choice. Or a husband is not to make decisions for his wife
10.	Privacy	Does the policy address the need for information regarding people with disabilities and women/girls to be kept private and confidential?	Information regarding people with disabilities and women/girls need not be shared among others

11.	Integration	Does the policy promote the use of mainstream services by people with disabilities and women/girls?	People with disabilities and women/girls are supported to use the WASH services that are provided for general population
12.	Contribution	Does the policy recognize that people with disabilities and women/girls can be productive contributors to society?	People with disabilities and women/girls make a meaningful contribution to society and the WASH sector
13.	Family resource	Does the policy recognize the value of the family members of people with disabilities and women/girls in addressing WASH needs?	The document recognizes the value of family members of people with disabilities and women/girls as a resource for addressing WASH needs
14.	Family support	Does the policy recognize individual members of people with disabilities and women/girls may have an impact on the family members requiring additional support from WASH services?	Caring for persons with disabilities and women/girls may have mental health effects on other family members, such that these family members themselves require support. For example, caring for women/girls with chronic illness
15.	Cultural responsiveness	Does the policy ensure that services respond to the beliefs, values, gender, interpersonal styles, attitudes, cultural, ethnic or linguistic, aspects of the person, as well as personal safety and dignity?	i) People with disabilities and women/girls are consulted on the acceptability of the service provided ii) Hygiene facilities, goods and services are respectful of ethical principles and culturally appropriate, i.e. respectful of the culture of people with disabilities
16.	Accountability	Does the policy specify to whom, and for what, services providers are accountable?	People with disabilities and women/girls have access to internal and independent professional evaluation or procedural safeguard. Law/regulations provide mechanisms that ensure complaints are effectively heard and there are clear systems for people to lodge these complaints. Judicial bodies are available to resolve conflicts, for both public and private institutions
17.	Prevention	Does the policy support people with disabilities and women/girls in seeking primary, secondary and tertiary prevention of health conditions associated with WASH?	Includes WASH related illnesses and details on how people with disabilities and women/girls can seek primary, secondary and tertiary prevention of health conditions. For example, Trachoma, Soil-Transmitted Helminthes – intestinal worms, Lymphatic Filariasis, Leprosy, urinary tract infections
18.	Capacity building	Does the policy support the capacity building of health workers and of the system that they work in addressing WASH needs of people with disabilities and women/girls?	Includes awareness raising among communities and families on disability and on the specific issues/barriers facing people with disabilities and women/girls
19.	Access	Does the policy support people with disabilities and/or women/girls – physical, economic and information access to WASH services?	People with disabilities and women/girls have accessible and safe WASH services within, or in the immediate vicinity, of household, health and educational institution, public institutions and workplace. All information must be understandable and in appropriate format
20.	Quality	Does the policy support quality services to people with disabilities and women/girls through evidence-based and professionally skilled practice? Does the policy promote innovation in WASH services for people with disabilities and women/girls (e.g. technology)?	People with disabilities and women/girls are assured that services are based on best practice/evidence and support innovative strategies/technology
21.	Efficiency	Does the policy support efficiency by providing a structured way of matching WASH system resources with service demands in addressing WASH needs of people with disabilities and women/girls?	WASH services are sustainable for people with disabilities and women/girls. Services will be available at times of financial crisis and will ensure appropriate technology choices. Contracts with providers take into account operation and maintenance and funds from donors are sustainable

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