

Exploring the implementation of disability-inclusive WASH policy commitments in Svay Reing and Kompong Chhnang Province, Cambodia

Learning Briefing Note 3



WaterAid/Elite





A couple with disabilities in front of their inaccessible toilet.



Acknowledgements

The research team consisted of academics from the London School of Hygiene & Tropical Medicine (who remained in the UK for the study), Water, Sanitation and Hygiene (WASH) professionals working for WaterAid in Cambodia, a disability rights activist employed by Cambodia Disabled Persons Organisation (CDPO), and a freelance researcher. The latter two have a disability.

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Introduction

In Cambodia, 2.1% of the population aged over five years has a disability.¹ People with disabilities experience higher levels of poverty and are often excluded from accessing education and health services.^{2,3}

In Cambodia, nearly one-third of the population does not have access to basic water supply and basic sanitation, and 26% lack basic hygiene.⁴ Access to water sanitation and hygiene (WASH) for people with disabilities in Cambodia is difficult due to inaccessible infrastructure, limited affordability and distance to the water source and latrine.⁵



A nurse walks with a man with a disability.

An overview of the Royal Government of Cambodia’s disability commitments within water, sanitation and hygiene

- 2017 UNCRPD ratified
- National Strategy for Rural Water Supply, Sanitation and Hygiene (2011-2025) states that ‘The needs of people with disabilities should be considered at all stages of the development process, including legislation, policies and programs, in any area, at all levels’.
- National Disability Strategic plan (2014-2018 & 2019-2023) to implement the law
- Three-star approach for WASH in Schools national standards include accessibility for children with disabilities.
- National Guidelines on WASH for Persons with Disabilities and Older People (2017) supports the implementation of commitments made in the National Strategy, the Law on the Protection and Promotion of the Rights of Persons with Disabilities, and the Convention on the Right of Persons with Disabilities (CRDP).

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

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.

In 2021 we published [Learning Brief 2 Cambodia and Bangladesh Water, Sanitation and Hygiene Policy Analysis](#).⁶ It captures an analysis of Cambodia’s WASH policies and guidance documents to assess the inclusion of disability rights using the EquiFrame policy analysis tool, adapted for WASH, disability, and gender. We found that 15 core concepts of human rights were captured in Cambodia’s policy documents, including *Individualised Services*, *Participation*, *Family Resource*, and *Access* core concepts of human rights.⁷ However, many policies lacked clear actions to deliver on these, and we concluded that implementation of policies was unlikely to achieve disability inclusion aims.

In this Learning Brief, we document findings related to five core concepts – *Individualised services*, *Entitlement and affordability*, *Participation*, *Family resource*, and *Access* based on data from across different respondents. These core concepts were either referenced regularly in policies or are integral to the WASH-related experiences of people with disabilities.

Research design

This qualitative study aims to explore the delivery of core concepts of human rights through WASH services from the perspectives of government officials, service providers, and community members who use WASH services. It was undertaken in two provinces in Cambodia, Svay Reing and Kampong Chhnang. It assesses the WASH-related experiences of people with disabilities and their caregivers, using respondents descriptions as a basis for assessment.

Two research questions:

- 1) To what extent are the commitments to core concepts of human rights referenced in the government's national-level WASH policies and guidance implemented in the selected provinces by the sub-national government officials and service providers?
- 2) How does this implementation impact the experiences of people with disabilities and their caregivers?

Who participated in the study	
Government officials and service providers working in Phnom Penh, Svay Reing and Kampong Chhnang	17
Women and men with disabilities	16
Female caregivers	4
Total	37

Data were collected through semi-structured interviews carried out by pairs of researchers (one lead and one support) in Khmer. These were conducted online or over the phone due to COVID-19 lockdowns.

Exploring the findings

The findings are grouped into three areas, across five core human rights concepts, as follows:



Participation

What success would look like

- Organisations of Persons with Disabilities (OPDs) or disability service providers are invited to and have attended WASH meetings at the national and sub-national levels; they have spoken and been listened to, and their opinions have influenced decision-making.
- People with disabilities have been invited to and have attended community meetings about WASH; they have spoken and been listened to, and their opinions have influenced decision-making.

What we found:

National government officials reported that OPD staff with disabilities needed to attend WASH sector meetings as an approach to ensure people with disabilities' priorities and needs were met through WASH activities.



Man with disabilities answering questions in the dissemination workshop.

While National level OPD staff confirmed their invitation to these meetings, they reported challenges to engage effectively due to having limited influence and financial resources.

At the sub-national level, one government official reported that OPD staff were absent from WASH meetings.

*"To be honest, on the provincial level, it is very rare to meet [people with disabilities]. There were never people with disabilities attending conferences or meetings."
(Province government official).*

Sub-national OPD staff agreed that they were sometimes invited as representatives of people with disabilities to WASH meetings. However some OPD staff

described experiencing resistance during planning meetings, when they spoke up about the needs of people with disabilities.

“We work without salary and we just raise the problems. It is too difficult. [...], too much headache. We do not even have the money for gas and people look down on us too. Do not even have the salary. It is hopeless.” (Sub-national OPD staff member).

Very few people with disabilities and caregivers said they had participated in community WASH meetings. They reported challenges in getting to the meeting location, lack of invitation, requiring a caregiver to bring them to the meeting and a lack of financial assistance or transport. Many participants and their caregivers highlighted they had limited mobility due to a lack of assistive devices (e.g. wheelchair) which was a significant barrier to attending meetings, and leaving home.

“The reason [we have never gone to meetings on WASH] is we always stay home and never participated in anything. So, we do not know.” (Caregiver of a man with a mobility impairment)

One respondent with cognitive and mobility impairments and her caregiver reported they had attended one WASH meeting. The meeting was co-led by a WASH and OPD organisation, and the caregiver described how the facilitators shared information with them.

“They knew she was like this, so they paid attention to her. They explained to everyone, just focused on explaining to her clearer than to others.” (Caregiver of a woman with cognitive and mobility impairments)

Individualised Services, Access, and Entitlement and Affordability

What success would look like

People with disabilities:

- Can collect water, use toilet, bathing shelter independently or with support of caregivers in public and private settings
- Can access information and know how to make household WASH services accessible (and their caregivers)
- Access WASH services in public settings (e.g., at work, town, temple)

- Receive subsidies constructing accessible water points, toilets, bathing, and/or handwashing facilities at home
- Can afford to make WASH services accessible at home or have received support to do so
- Receive a subsidy for WASH services or can use public WASH services at a reduced rate

What we found:

At the household level, many participants said they could not afford accessible toilets and bathing facilities and piped water. As one man with a mobility impairment explained:

Participant: I want a bigger toilet so that the wheelchair can go in and stuff, but I do not have the money.

Researcher: I see. You do not install a railing?

Participant: No, where can I get the money for that when I do not have any money?



CDPO/ Lang Hong

Man using a wheelchair uses accessible toilet at a shop.



CDPO/ Lang Hong



CDPO/ Lang Hong

Man washes his hands at accessible handwashing stand in a healthcare facility.

While many participants had wells near their homes, the waterpoints were not accessible. For example, there were uneven paths and no ramps. Often, people

with mobility and/or cognition impairments relied on others to collect their water.

To bathe and toilet, few participants with disabilities could independently use their household facilities. They had a lack of knowledge about what adaptations could be made to improve the accessibility of facilities. There was little knowledge of where to find information to learn how to make adaptations.

Some families and people with disabilities shared examples of basic innovations to make household WASH WASH more accessible.

Woman with disabilities introducing herself at a dissemination workshop.



“Even when I have a bit of diarrhoea, I could get [to the toilet] faster too because I have what I have built for my needs. It is easy, not difficult at all. (chuckles) Just hold the bamboos and walk along. I can walk quickly like people who can see. Nothing seems to be of obstacle for me.” (Man with visual impairment)

People with disabilities who were reliant on caregivers reported that they did not bathe as frequently as they would have liked to. Caregivers said that bodily cleansing and hygiene were vital for people with disabilities to connect with others:

“I want him to be clean so that others do not say that he is dirty and not good, and do not want to talk to or stay near him.” (Caregiver of a man with cognitive impairments)

Family Resource

What success would look like

- Use assistive devices (e.g., commodes, bedpans, lifting devices) to support WASH caregiving tasks
- Have received support from organizations to understand how to provide WASH support to people with disabilities
- Are included as target groups in WASH or disability programmes; and the important role of caregivers in supporting WASH for people with disabilities is recognized



Many caregivers do not receive any training or guidance for the full-time support they provide to individuals and had therefore developed their own care practices. Assistive devices to support toileting, such as bedpans or commodes, were not present. Caregivers and people with disabilities regularly experienced contact with urine and faeces if they could not sit out of bed independently. One caregiver made a hole in the person with disabilities' bed, so they could defecate there. The caregiver would then dispose of the faeces.

Caregivers did not have assistive products to enable them to safely support the person with disabilities without injuring themselves (for example, a lifting device). They described how it was physically challenging to move adults with mobility limitations. Caregivers expressed concerns about how they manage their caregiving when a child with a disability grows older and gets heavier.

"I am worried that when she gets older, it will be harder for me to lift her up [...]. "I lift her back and forth. She is not a small child. She is almost 20kg; not small. Other people who just gave birth would not lift her like this, but if I do not do it, no one else would." (Caregiver of a woman with a mobility impairment)



Man with a visual impairment and his wife walk to the toilet.

Government and service providers did not mention the critical role that caregivers play in supporting people with disabilities to access WASH. They did not report working to support caregivers in this role. Only one OPD highlighted their role was important.



WaterAid/ Sokmeng You

Woman with disability joint the dissemination workshop.

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

This summary table summarises the key findings above, and explores what they mean for practice in WASH systems strengthening.

Core human right concept	Key finding of study	What does this mean for practice?
Participation	<p>Challenges for OPDs to advocate for change and raise public awareness: they are underresourced and sometimes not listened to.</p> <p>OPDs who raised WASH issues of people with disabilities at sub-national WASH meetings were expected to address those issues.</p>	<p>ODPs need to be considered as legitimate WASH actors, invited to meetings at all levels of the WASH system.</p> <p>ODP's need core development support, payment for their time, and clear leadership roles in disability inclusive WASH.</p>

	<p>At the household level, people with disabilities and caregivers were not able to leave home.</p>	<p>People with disabilities should be supported to attend WASH meetings in the community. Provision of transport or outreach visits to households would support people with disabilities to participate in WASH decisions. People with disabilities should be given space and time to contribute and information must be accessible.</p>
<p>Individualised services, Access, Entitle and Affordability</p>	<p>Many people with disabilities could not leave the home because they did not have assistive devices and or the terrain was inaccessible.</p> <p>Many people with disabilities were unable to afford to adapt household WASH facilities to make them more accessible. People had limited or no information about how to make low-cost adaptations.</p>	<p>More must be done to improve access to WASH at home. Collaboration with disability service providers, and budget allocation to improve access to assistive devices and adaptations to WASH infrastructure at household level.</p> <p>Practical adaptations solutions and support must be integrated into community WASH programs – sharing information on how; funding to households to make adaptations.</p>
<p>Family Resources</p>	<p>The role of caregivers are not clearly represented within Cambodia’s WASH policies or implementation.⁷ Systemic WASH provisions are missing across all settings, so individual households improvise innovations instead.</p>	<p>Caregivers require support to build their skills to provide WASH care hygienically and with dignity. They need access to assistive devices to support</p>

toileting (such as lifting devices, commodes, and bedpans).

Caregivers who provide full-time support also need support to attend WASH meetings, and steps to ensure they do not experience financial costs.

Strengths and limitations of the study

A key strength of this study was that people with disabilities were core research team members who collected data. The in-country data collection team was made up of professionals with experience across qualitative research methods, WASH and disability sectors. Another strength was the diversity of the range of key informants interviewed. The study captured perspectives of a diverse population across district and national settings, women and men with a range of impairments participated, and their caregivers.



A key limitation was that data could not be collected in person, and interviews were conducted via phone or online, due to COVID-19 pandemic restrictions on travel. This may have reduced the researchers ability to build trust with participants and it limited the scope to triangulate evidence. Some key informants responses may also have been influenced by their knowledge of the organization the researchers represented. This limitation was addressed by reserachers reconfirming that interviews were confidential and anonymous throughout the interviews.



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