

# Accessible WASH in Cambodia



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# Executive summary

Universal access to clean water and sanitation is likely to be set as a global target in the next set of Sustainable Development Goals. In Cambodia, however, this goal will not be achieved without a focus on access to water, sanitation and hygiene (WASH) for all – including people living with disabilities – whose particular needs are often ignored in designing infrastructure and development programmes. Research conducted in Cambodia in 2003 revealed a lack of awareness by WASH providers of the needs of people with disabilities; little communication between the disability and the WASH sectors, and because of a lack of expressed demand, the assumption that standard provisions were adequate for everyone. In fact, many people with disabilities lacked access to clean water and sanitation, and had to resort to unhygienic practices that put them at risk of ill health. The introduction of a disability perspective in legislation, policy and development work was noted as critical in achieving inclusive access to water and sanitation.

In 2006, during a conference and workshop in Phnom Penh, a resource book was released to provide information and ideas for service providers to make facilities and services more accessible to people with disabilities and other vulnerable groups. This report, commissioned by WaterAid and Australian Red Cross, assesses what has occurred since this 2006 conference; progress made in terms of equitable and inclusive access to WASH; the different approaches used, and their strengths and limitations. We will present recommendations, priorities and directions for the future.<sup>1</sup> The report uses qualitative methods, including a review of the legal and policy frameworks, technical documents and grey literature from both sectors, as well as meetings and interviews with key informants.

## Developments in inclusive WASH since 2006

To the credit of the Cambodian Government, much improvement has occurred in the legislative and policy area since 2006, notably with the introduction of the Law on the Protection and Promotion of the Rights of Persons with Disabilities in 2009 (which requires that all public buildings should be accessible to people with disabilities), and the formulation of strategic plans that begin to take into account issues of accessibility. This is a positive step,

but work remains to be done to develop and implement the new accessibility standards in practice, through the formulation of clear guidelines to specify accessibility standards (including in WASH), disability mainstreaming at all levels of government, and inclusion of a disability perspective in the planning of projects and programmes.

Development organisations, particularly those in the WASH sector, are increasingly aware of the need for inclusive WASH services, and generally interested in putting this into practice in their programmes. Larger organisations have successfully mainstreamed disability in their programmes, but smaller organisations feel limited by a perceived lack of technical knowledge, lack of resources and lack of time, and continue to use a case-by-case strategy of inclusion rather than mainstreaming across all programmes.

Several projects by both the WASH and disability sectors have successfully included the needs of people with disabilities regarding clean water and sanitation, but rarely in terms of hygiene promotion. The majority of these projects took place in rural areas, in schools and communal facilities, with some targeting households. Several manuals, guides and designs for inclusive facilities have been produced, but most are in English and therefore inaccessible to Khmer speakers.

## Participants' perspectives on enablers and barriers to inclusive WASH

For practitioners who had implemented inclusive WASH projects, the key to success was the active participation of people with disabilities throughout the project, from design to completion. Practitioners reported that the participation of people with disabilities in leadership roles helped to incorporate a disability perspective in the project, and empowered people with disabilities. The collaboration of local authorities and relevant government departments was also seen as essential. Furthermore, staff training – not only in technical aspects of WASH, but also in broader cultural aspects of inclusion, disability awareness and in identifying approaches which foster greater empowerment and commitment towards disability inclusive WASH – was seen as vital.

A major barrier to inclusive WASH remains the lack of communication and partnership between the WASH sector and the disability sector. Throughout the interviews, individuals and organisations from both sectors expressed that they are willing to tackle the issue of inclusive WASH, however they are hesitant in taking the first step and making contact with stakeholders from the other sector, relying on others to initiate partnerships.

Members of the disability sector demonstrated a lack of technical knowledge on WASH, while members of the WASH sector demonstrated a lack of understanding of disability. While there is a lack of awareness about modifications to standard WASH facilities that people with disabilities can make relatively easily and at low cost, it sometimes seems that the argument about a lack of technical designs becomes a pretext for inertia. More than technical resources, it is process resources – that is, case studies and guides that describe ways in which to create partnerships, organise consultation, and generally go about implementing an inclusive project in Cambodia – that are most needed.

The cost of installing accessible WASH facilities was reported to be a barrier because accessible facilities are sometimes seen as a 'niche market', draining resources from 'mass sanitation' efforts. International studies suggest that it costs less than 3% of the overall cost to make a school latrine accessible,<sup>2</sup> but some respondents mentioned a cost of up to 30%. It is, therefore, important to study and clarify costing through cost-benefits analyses conducted in Cambodia.

## Needs and priorities towards inclusive WASH

Looking back at the recommendations formulated by the UK-based Water, Engineering and Development Centre in 2006, we find that progress has been achieved in some areas but that many of the recommendations, particularly those related to sharing of information, collaboration between sectors and advocacy, remain valid. Twenty-one recommendations were made in five areas:

- **Inclusive policymaking, planning and mainstreaming.** The government needs to take the lead in initiating cross-sector partnerships between its WASH and disability departments. Notably, there is a pressing need to develop guidelines on ways to integrate disability in WASH implementation.
- **Collaboration and partnering across sectors.** For inclusive WASH to progress, communication between sectors needs to increase, information needs to be shared, and cross-sector collaboration at the national and local levels encouraged in practical ways, notably through the creation of small local collaborative inclusive WASH projects by WASH and disability organisations, and involving the participation of people with disabilities.
- **Advocacy, awareness-raising, and capacity building.** Demand for inclusive services by the disability sector needs to be encouraged and supported. Staff training to improve knowledge of the other sector will benefit cross-sector collaboration, particularly if it involves exchange visits between WASH and disability organisations.
- **Information sharing and education.** There is a need to develop hubs showcasing inclusive WASH activities in regional centres, to provide examples of good practice. The main technical and process resources on achieving inclusive WASH need to be translated into Khmer and disseminated through an easily accessible and well-publicised central repository of resources.
- **Further action research and evidence gathering.** Into how disability inclusion can be encouraged within the main models of sanitation and hygiene promoted in Cambodia; ways to improve the effectiveness of programmes for vision-impaired and intellectually disabled people; the financial cost of inclusive designs and approaches; and finally gathering more information on the scale of the inclusive WASH challenge.

The challenge for inclusive WASH now is to keep the momentum from the workshop and study alive, and translate this momentum into practical activities that both sectors can engage in.

<sup>1</sup> The report adopts a human rights and social model perspective on disability, which considers that people with an impairment that leads to a loss or limitation of functioning become disabled by external barriers, imposed by the context in which they live that further limit their functioning.

<sup>2</sup> Jones, H. (2011) *Inclusive design of school latrines – how much does it cost and who benefits?*, WEDC, Loughborough University, UK. Retrieved from <https://dspace.lboro.ac.uk/dspace-jspui/handle/2134/8793>

# 1. Introduction

Ensuring widespread and equitable access to water, sanitation and hygiene is essential for reducing poverty. Universal access to clean water and sanitation is likely to be set as a target in the next set of global Sustainable Development Goals. Water supply and sanitation has been integrated into the *National Strategic Development Framework for Cambodia* (CDC 2013), and the *National Strategy for Rural Water Supply, Sanitation and Hygiene* (2011), which envisions that every person in rural communities has sustained access to safe water supply and sanitation services and lives in a hygienic environment by 2025. However in Cambodia, this goal will be impossible to achieve without a focus on access to WASH for everyone, including people who experience exclusion, marginalisation and discrimination. This includes groups such as ethnic minorities, the poorest of the poor, people living with chronic illness, the elderly and people with disabilities, whose particular needs are often ignored in designing infrastructure and development programmes. People with disabilities and elderly people often face barriers to accessing WASH programmes and facilities due to difficulty attending meetings. Lack of access to sanitation, safe water and hygiene further reduces opportunities and increases poverty, poor health and social isolation. This problem is particularly acute in Cambodia, because of a high rate of people living with physical impairments as a result of three decades of war and the high incidence of injuries due to landmines. For example, in 2010, Cambodia had the highest rate of amputees in the world – estimated at 344 per 100,000 people (Cambodia Mine Victims Information System).

In 2003, the Water, Engineering and Development Centre launched a 3.5-year research project to examine access to and use of water supply and sanitation by people with physical disabilities. Cambodia was one of three countries (with Uganda and Bangladesh) selected for the study. The findings and recommendations from the study were presented at a conference and workshop in Phnom Penh in March 2006 (see Appendix A). The Australian Red Cross and WaterAid are currently assessing what has occurred since the 2006 conference, what progress has been made in terms of equitable access to WASH, and the directions that future work in the WASH and disability areas should take.

## 1.1. Definitions and perspectives on disability and inclusion

Different perspectives on disability result in different definitions and different responses. The globally accepted definition of disability (e.g. WHO 2011) has slowly shifted from an individual perspective to a structural, social perspective, which views people as being disabled by social and environmental barriers rather than by their bodies. Such an approach takes universal human rights as a starting point and emphasises that people with a disability have equal rights to access society's resources and services as others. The social model considers that people with an impairment that leads to a loss or limitation of functioning – e.g., blindness or difficulty in walking – become disabled by external factors, or barriers, imposed by the context in which they live and that further limit their functioning. For example, if you are a wheelchair user, a stairway is not an entry point but a barrier preventing you from entering. The social model approach supports the right to medical intervention and adaptive devices alongside community access and participation; thus, removing the 'disabling' barriers in the environment reduces the impact of an impairment and promotes the full social participation of people with impairments.

This report adopts a rights-based approach to disability: that people with a disability have the same rights as others in accessing resources and services. Therefore it adopts the definition of disability set out in the *UN Convention on the Rights of Persons with Disabilities*: "Persons with disabilities include 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."<sup>3</sup>

By contrast, Cambodia's *National Strategy for Rural Water Supply, Sanitation and Hygiene* (2011, p. 68) adopts a medical definition: "A person with disability is any citizen who lacks any physical organ or capacity or suffers any mental impairment that causes restriction to his or her daily life or social activities and which causes significant differences from non-disabled people, and who has disability certification from the Ministry of Health". Cambodia's 2009 legislation on disability uses a similar definition: "any persons who lack, lose or damage any physical or mental functions, which result in a disturbance to their daily life or activities, such as physical, visual,

hearing, intellectual impairments, mental disorders and any other types of disabilities toward the insurmountable end of the scale". The medical perspective implies that a person with a disability cannot participate equally in society, unless their impairment is treated.

**Inclusion** is the process of making sure that the structures in place do not systematically exclude segments of the population, and ensure that all people are able to participate fully. Inclusion is a development issue, and disability-inclusive development must take a rights-based approach to ensure equity and fairness (WaterAid 2010). Participation of people with disabilities is central to this, as is adopting the call of the disability rights movement: "nothing about us without us". Plan Cambodia's *Disability Mainstream Guide* (2013) emphasises that "it is critical to understand disability as the outcome of the interaction between a person with impairment and the environmental, legal and attitudinal barriers he/she may face, in order to really promote the rights of people with disabilities". An inclusive environment is one that can be lived in, used and enjoyed with dignity by everyone, regardless of age, gender or disability.

Inclusion does not mean building 'special' facilities, but removing barriers to everyday facilities and hindrances to an independent life. Often developers, service providers and implementing agencies lack awareness and fail to take a disability perspective, that is, they design projects without considering the needs of people with disabilities. Most of the time people with disabilities do not require special facilities or expensive equipment, but rather ordinary facilities adapted to their specific needs. This is the basis of inclusion, that is, encouraging *universal access*, making sure that *everyone* in the community can access facilities and services regardless of physical abilities (Handicap International 2008). For example, when building a new toilet block for the whole village, an inclusive design with a disability perspective will make sure that stairs are replaced by sloping ramps and doors are wide enough for wheelchair access. Making WASH facilities inclusive benefits the whole community because many people, such as elderly persons or pregnant women, experience difficulty with movement. From this perspective, inclusive and accessible designs need to become a standard part of development projects, not added as an afterthought.

## 1.2. Statistics on disability and WASH in Cambodia

In 2008, for the first time, Cambodia's national census included a question on disability. Five types of impairment were addressed (vision, movement, speech, hearing and mental). In this report and in relation to access to WASH, we focus our attention on people with vision impairments – a person who cannot see at all (no perception of light), has blurred vision even with glasses, or vision in only one eye – and with movement impairment – a person who lacks a limb or is unable to use a limb normally, who has any part of the body deformed, who cannot move without the help of others or a stick or a wheelchair, who is unable to lift or pick up a small object near her/him, who is not able to move normally because of joints problems, or has a constant limp while moving.

### 1.2.1. Number of people with disabilities in 2008 and 2013

Disability is often underreported and there is limited data available. In Cambodia the national consensus in 2008 found 1.4% of the population were living with a disability.<sup>4</sup> In 2013, the inter-census population survey estimated 301,629 people with disabilities, who represented 2.1% of the population: 56% were males and 44% females. The rate of disability was higher in rural areas (2.3%) than urban areas (1.3%); it was also higher for males (2.2%) than for females (1.9%).<sup>5</sup>

The rate of disability is increasing in Cambodia due to an increasing number of people acquiring a disability (road traffic accidents and illness) and the aging population. Between 2008 and 2013 the total population of Cambodia increased by 9.6%, but the population of people with disabilities increased by 56.7%.

The proportion of people with disabilities in Cambodia in 2013 may seem low compared to international figures. For example, WHO's 2011 *World Report on Disability* estimated that 15% of the global population has a disability. Prevalence estimates vary according to the definition of disability used in the survey and the method of data collection. Countries such as Cambodia that collect disability data through the census and focus on a narrow choice of impairments typically record lower disability

prevalence than countries that use specialist surveys and broader definitions (see discussion of the challenges of measuring disability prevalence in Chapter 2 of WHO's *World Report*).<sup>6</sup>

## 1.2.2. Access to WASH

### Drinking water

According to the census 2008, 36% of households in Cambodia had a source of drinking water within their premises, 32% near their premises and 32% away from their premises. There were variations by urban and rural areas: in urban areas, 14% of households had the source of water away from the premises compared to 36% in rural areas. The *Inter-census Population Survey 2013* shows a slight improvement, with a decline in the proportion of households with a source of water away from the premises to 27% (14% in urban areas and 30% in rural areas).

### Sanitation

The census 2008 recorded that only 30% of households in Cambodia had access to an improved latrine (18% in rural and 79% in urban areas). In 2013, the *Inter-census Population Survey* shows an improvement in rural areas, with 35% of households with access to an improved latrine and a smaller change in urban areas (86%).

The reported results from the 2008 census do not permit a finer analysis of the proportion of people with disabilities with WASH facilities. The researchers of this report found very little research (if any) on people with disabilities' issues related to WASH – e.g. level of access to sanitation, knowledge of hygiene practices.

## 1.3. The cycle of poverty and disability

Globally, people with disabilities are often among the poorest, most vulnerable and marginalised groups. Their needs are frequently overlooked, and many are caught in a cycle that links poverty and disability. Disability is a cause of poverty because people with disabilities and their families are more likely to suffer from lost income, reduced livelihood opportunities, discrimination and social exclusion, and often face high healthcare costs. Disability is also a consequence of poverty because poverty leads to a lack of adequate nutrition, health care, and water and sanitation. In Cambodia, there are very limited support services for people with disabilities, who are dependent on their family for care and support. Therefore, disability affects not just the person with disability but their whole family through loss of income, extra spending and extra workload. For example, people with disabilities may have to rely on family members, often women and girls, to fetch extra water, wash and provide personal care for them, and assistance accessing a toilet. Children may not attend school because they have to help care for the family member with a disability and work to make up the lost income (e.g. Jones & Reed 2005).

**Access to safe water and sanitation has a key role in helping to prevent the cycle of poverty and disability** (WHO 2011). Disability inclusion in WASH is essential for poverty alleviation, and to ensure that all children and adults access their rights. However, in Cambodia, although progress in achieving greater access to safe water and sanitation has been made, there has not been a strong focus on accessible WASH for people with disabilities. Environmental and financial barriers prevent access to WASH in the home and work environments (MacLeod et al. 2014). Personal hygiene is an intimate concern difficult to discuss; as a result many people with disabilities may not ask for help with such problems and have to resort to unhygienic practices such as defecating in the bushes at night, which put them at risk of further accidents and ill health. The lack of accessible toilets and washing facilities create a barrier to socialising, attending school, office or workplace, and using public space. Because of this, some people with disabilities do not move out of their house and remain isolated and marginalised (WaterAid 2010).

## 1.4. Inclusive WASH in Cambodia

In 2003, one of the first research projects on inclusive WASH was conducted in Cambodia by the Water, Engineering and Development Centre. The main objectives were to observe and document existing facilities, adaptations and strategies that helped people with disabilities improve their access to water and sanitation, and generate solutions to problems facing them. The project produced a resource book, *Water and Sanitation for Disabled People and Other Vulnerable Groups: Designing Services to Improve Accessibility*, which provides information and ideas for service providers to make facilities and services more accessible for people with disabilities and other vulnerable groups.

The research revealed a lack of awareness by WASH providers of the requirements of people with disabilities, and because of a lack of expressed demand, the assumption that standard provisions were adequate for everyone. There was also the misconception that providing services to people with disabilities was a highly technical area, when, in fact, most of the adaptations observed during the fieldwork were simple and could easily be included in the design of WASH facilities. The research found that there was very little communication and exchange between the WASH and the disability sectors. Government, WASH providers and policy implementers largely ignored the specific needs of people with disabilities. The research concluded that it was critical to include a disability perspective in legislation, policy planning and strategies, and draw on the lessons learned from approaches to mainstreaming gender in the WASH sector, including the need for multi-faceted approaches and strategies.

In March 2006, a one-day conference followed by a one-day practical workshop attended by representatives of both the disability and WASH sectors took place in Phnom Penh. The aim of this event was to disseminate the resource book to participants and agencies to increase awareness and understanding of the importance of improving access to WASH for people with disabilities, and encourage practitioners to apply the ideas and information presented at the conference in their own work. From the findings of the fieldwork and the conference/workshop, a series of recommendations were made to improve people with disabilities' access to water and sanitation. The findings and recommendations are

presented in detail in Appendix A and suggested action in four broad areas:

- Advocacy, awareness raising and capacity building.
- Information sharing and education.
- Inclusive policy making, planning and mainstreaming.
- Development of appropriate technology.

While the conference/workshop was successful, little of what has been done toward accessible WASH in the following years has been documented.

### Accessible WASH meeting, Phnom Penh, July 2014

In order to assess what had occurred since the 2006 conference, what progress has been made in terms of equitable access to WASH, and the direction that future work in the WASH and disability areas should take, the Australian Red Cross and WaterAid invited WASH and disability organisation members to a partner workshop on inclusive WASH (see Appendix B for the list of participants and programme). Over 30 organisations (50 representatives) attended, with equal WASH and disability representation. Nine organisations had previously attended the 2006 conference, but some were new to Cambodia. Participants were able to discuss progress and challenges in inclusive WASH, share lessons learned from current projects, and consider strategies for the future. The workshop was also an opportunity to create relationships and network, as many participants reported it was the first time they met with representatives of the other sector.

## 1.5. Outline and methodology of this report

This report evaluates and documents the work done since 2006 to promote the inclusion of people with disabilities in WASH services, and what remains to be done. It identifies the types of approaches used, their strengths and limitations, and presents recommendations, priorities and directions for the future. The report attempts to answer the following questions:

- What kind of inclusive WASH activities have already been done?
- What is the level of awareness in organisations about issues surrounding WASH and disability?
- What tools and approaches are organisations/communities using, and how effective are they?
- What do organisations need now to progress further?
- Examples of good practices and remaining challenges in both sectors.

The study essentially uses qualitative methods. It comprises a review of legal and policy frameworks, technical documents and grey literature to document work done by the WASH and disability sectors to promote inclusion of people with disabilities. In addition to the workshop, face-to-face meetings and interviews with key informants in the WASH and disability sectors were conducted. For this study, we interviewed members of eight WASH organisations, six disability organisations, and three government representatives (one disability and two WASH sector). Three days of field work in Pursat and Battambang provinces provided an opportunity to observe inclusive WASH facilities and conduct two focus group discussions with local self help groups (see Appendix C for the list of organisations that were interviewed).

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<sup>3</sup> We would rather use the term 'people with impairments' who may or may not become 'disabled' by barriers (process of disablement) that are removable and reserve terms such as 'disabled people' or 'people with disabilities' for people who are still facing these removable barriers; however, for ease of reading, we use the accepted term 'people with disabilities' throughout this report.

<sup>4</sup> The *Cambodian Socio-Economic Survey (CSES)* 2009 reported a higher number of 6.3% of population with one or more disability. However, it covered a wider range of 'difficulties' including mild ones. Considering only what the CSES counted as severe gives similar results to the census (see Lindsay 2009).

<sup>5</sup> (National Institute of Statistics 2013a).

<sup>6</sup> Narrow disability measures focusing on specific impairment result in lower prevalence than measures focusing on difficulties in functioning because the latter include, for example, elderly people and people with chronic pain or difficulty breathing, which significantly restrict their functioning.

## 2. Developments in inclusive WASH

### 2.1. Legal and policy framework

Since the Water, Engineering and Development Centre workshop in 2006, Cambodia's legal frameworks for protecting the rights of people with disabilities have progressed. In 2007 the government signed the *UN Convention on the Rights of Persons with Disabilities* and in 2009 the Law on the Protection and the Promotion of the Rights of Persons with Disabilities was finally adopted. In 2012 the government ratified the UN Convention, signalling their commitment to disability rights. In 2014 the Disability Action Council issued the National Disability Strategic Plan 2014-2018, to promote the rights of people with disabilities and improve their standard of living. While the legal and policy framework regarding disability has significantly improved, much work remains to be done to improve the rights of people with disabilities, including access to WASH.

One area covered by the UN Convention is the question of accessibility. An official policy that stipulates the need for accessibility is important, because it allows resources to be allocated effectively and may draw support from international donors (Connelly 2009). The 2009 law included such accessibility provisions, with one chapter focusing on the issue and stipulating that “all public places shall be made accessible for persons with all kinds of disabilities [through installation of features] such as ramps; accessory rails in the bathroom, and signs”. However, according to the head of Cambodia's national coordination and advisory body, the Disability Action Council, little has been done so far to ensure access to public buildings and toilets for people with disabilities.<sup>7</sup> The law is too broad and does not provide a clear guideline on how to build accessible toilets. The Disability Action Council is currently establishing a committee to draft technical accessibility guidelines to inform the design of new public establishments.

In Cambodia, disability is primarily under the authority of the Ministry of Social Affairs, Veterans and Youth Rehabilitation, in collaboration with the Disability Action Council. On the other hand, WASH is under the authority of the Ministry of Rural Development; the Rural Water Supply Department oversees the delivery of clean water, and the Department of Rural Health Care that of sanitation and hygiene. There appears to be limited collaboration on disability inclusive WASH to date between the two ministries. As a case in point, the *National Disability Strategic Plan* makes no mention of any strategic attempt for improved access to WASH among people with disabilities, although it does address general questions of accessibility to services such as health, education and public infrastructure.

The *Rural Water Supply, Sanitation and Hygiene Strategy* published in April 2011 includes mainstreaming disability by stipulating that all services should conform to the 2009 law and, “the needs of people with disabilities should be considered at all stages of the development process, including legislation, policies and programmes, in any area, at all levels of water supply, sanitation and hygiene service development.” (Ministry of Rural Development 2011a, p. 9). Further references to consultation with and participation of people with disabilities in design and implementation of rural water, sanitation and hygiene services are made in the text. The *National Strategic Plan for Rural Water Supply, Sanitation and Hygiene 2014-2025* also makes references to disability inclusion, but unlike the previous strategy does not plan for disability mainstreaming. The *Policy on Education for Children with Disabilities* (2008) from the Cambodian Ministry of Education also mentions that schools should be made accessible to children with disabilities (e.g. ramps, toilets, playgrounds).

Figure 2.1 Scale for gauging WASH organisations' involvement in inclusive approaches

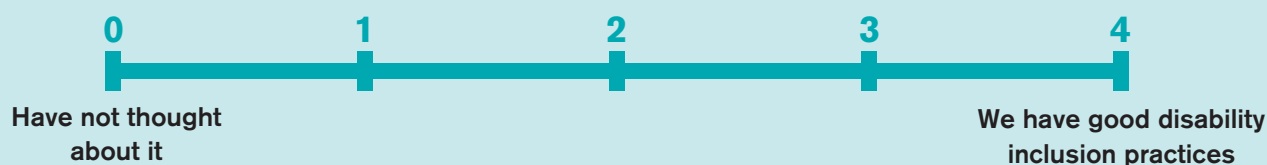
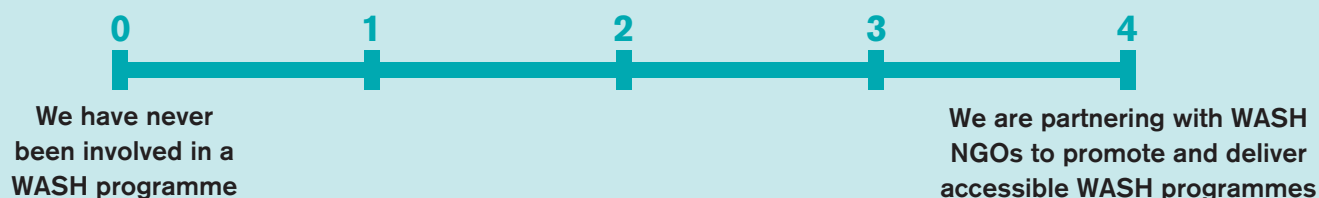


Figure 2.2 Scale for gauging involvement of disability organisations in WASH programming



## 2.2. Developments in WASH and disability sectors

We asked respondents from both the WASH and disability sectors to rank their organisation in terms of their awareness of and activity in relation to inclusive WASH. The scale ranged from 0 (have not thought about it) to 4 (good disability inclusion practice).

Thirteen organisations provided a rating (seven for WASH and six for disability). One WASH organisation (World Vision) and one disability organisation (HelpAge) ranked themselves 4 (fully inclusive); one WASH organisation (Teuk Saat 1001) and one disability organisation, the Battambang Disabled People's Organisation, ranked themselves 0 (have not thought about it). Others in the WASH sector ranked themselves around the average (1.5), while scores were spread out for the disability sector. In each sector, the average was 1.8, that is, about halfway along the scale. Although our sample was small and non random, the results are encouraging and suggest that organisations are slowly becoming aware of the problem and committed to taking action.

### 2.2.1. Practical programme activities conducted by WASH organisations

One organisation (Clear Cambodia) has conducted awareness training for staff. It recently invited a disability service provider to do a presentation of their activities and went on a study visit. They are now planning the next step, which is to integrate a disability perspective in their programmes and deliver accessible facilities. Among our respondents, World Vision and Plan are the only organisations to systematically provide accessible facilities. In 2012, Plan hired a specialist to design accessible toilets and modify existing facilities. UNICEF has created a disability division and is working on mainstreaming disability in their programmes, which also entails combating negative stereotypes of children with disabilities. Standard school WASH facilities are made accessible to children with disabilities. They want to go beyond work in schools toward changing behaviours and social norms in relation to inclusive WASH.

One organisation, East Meets West, includes disability in their needs assessment when selecting which households will benefit from their programmes. Others focus on the poorest families, which often include people with disabilities. Some organisations tend to work on a case-by-case basis and adapt facilities to suit the beneficiaries.

For example, East Meets West do not have a standard accessible latrine design, but consult with beneficiaries on ways to adapt the latrines to suit their needs. Others (e.g. Rainwater Cambodia) locate facilities closer to the houses of people with disabilities when possible. Although Teuk Saat 1001 considered they had not thought about inclusion, the service they provide already includes people with disabilities. Teuk Saat 1001 provides bottled drinking water delivered directly to households and placed in a convenient place inside the house; it is therefore accessible to people with disabilities as long as they can afford the service.

Respondents also told us about projects that they were aware of even if they were not conducted by their organisation. Most of the inclusive WASH projects reported by interviewees took place in schools and consisted of accessible latrines in various provinces. Most organisations seem to focus their activities on rural areas, probably because, as census figures show, they are areas with the greatest needs.

## 2.2.2. Monitoring of inclusive WASH activities

Associated with the relative lack of formal activity on inclusive WASH, no formal and systematic monitoring of inclusive WASH activities was reported by participants, including larger organisations. Clear Cambodia is developing a project of inclusive WASH in schools, which will include a monitoring system. East Meets West regularly records case studies of inclusive WASH achievement. Word Vision noted that donors<sup>8</sup> may require that outcome data on accessible facilities are provided to them. Although this is currently rare, it is something to encourage.

## 2.2.3. Practical programme activities conducted by disability organisations

Three of the six disability and vulnerable people's organisations we interviewed were directly working on WASH (the Disability Development Services Program, HelpAge and Cambodian Red Cross). The Disability Development Services Program was the only organisation working exclusively with people with disabilities and focusing on accessible designs. The two others worked on a case-by-case basis to provide accessible facilities.<sup>9</sup> Two disability organisations were not involved in WASH; they were small organisations with very limited resources. Finally, the work of the Cambodian Disabled People's Organisation centres on advocacy, not direct provision of services.

In 2004, Handicap International initiated the construction of inclusive buildings for people with disabilities within the Education for All project: 23 schools, playgrounds and water points, six public buildings (e.g. health centres) and 56 individual homes were targeted, adapted and made inclusive. In 2010-11, the Australian Red Cross implemented the first year of the AusAid-funded Cambodian Initiative for Disability Inclusion (CIDI), an extension of the Landmine Survivors Assistance Program that had been running since July 2007. The CIDI programme was the product of a redesign process to reflect a broader disability inclusion focus, in line with AusAid's *Development for all strategy*. In 2010-2012 WASH facilities were provided to over 3,300 families of people with disabilities, and accessible facilities to nearly 600 schools by disability and mainstream NGOs who received a grant from CIDI.

Several organisations have produced guides and designs of inclusive WASH facilities; for example, Handicap International's 2008 *How to build an accessible environment in developing countries* manuals are available online. NGOs have also developed designs to use in their programmes and share with other organisations (World Vision, Plan, Disability Development Services Program; see Appendix D on resources).

## 2.2.4. Hygiene promotion activities

Most of the organisations (WASH and disability) we interviewed had conducted at least some hygiene promotion activities with children and adults. The tools used were mostly visual (e.g. posters, videos, cartoons, leaflets). The message was conveyed orally during lectures, classes and meetings, or through games and activities with children. All organisations welcomed everyone to their sessions, and most made sure that people with disabilities were invited, but meeting places were not always easily accessible. Only one organisation (Cambodian Disabled People's Organisation) used sign language for teaching hygiene promotion; none used Braille or another suitable medium for vision-impaired people. However, all organisations combined visual and audio methods of teaching so people with disabilities could benefit. It is likely, however, that people with vision or intellectual disabilities do not get the full benefit from hygiene promotion activities, and it would be important to develop teaching materials suitable for their needs. Some organisations (East Meets West, Cambodian Red Cross) followed up with individual home visits for people who may not have been able to attend or understand the session.

## 2.2.5. Mainstreaming disability in WASH organisations

Among the organisations we interviewed, only the largest reported having mainstreamed disability in their programme (World Vision, Cambodia Red Cross, Plan) or are in the process of doing so (UNICEF) (Coe & Wapling 2010; Plan 2013). Two smaller organisations (Clear and East Meets West) are currently planning to do so. Mission statements may mention 'inclusion for all', but not specifically people with disabilities. For example, none of the WASH organisations we interviewed included pictures of disabled people in their promotional material.<sup>10</sup>

Starting in 2003, World Vision appears to be a pioneer in developing the social model of disability mainstreaming in their programmes. In Cambodia, their work to include people with disabilities in three mainstream area development programmes, and a review to change practices and policies at the central offices in Phnom Penh, occurred in the mid-2000s. World Vision has conducted research on inclusive WASH in Africa, which is used to inform their programmes globally.

Some donors have also taken steps to ensure the programmes they fund take into account disability. For example, the Asian Development Bank has produced guidelines on incorporating disability issues in poverty reduction strategies and aid programmes. Cambodia is a focus country for the Australian Department of Foreign Affairs and Trade's *Development for All Strategy* (2009–2014), in which disability is progressively mainstreamed through key sectors within the Cambodian programme.

The head of Rural Water Supply Department of the Ministry of Rural Development reported that inclusive access to clean water was slowly being mainstreamed into the work of his department. Before building a water point, the department identifies if there are people with disabilities in the commune. Accessible wells are then built in locations close to the houses of people with disabilities, but private wells cannot be provided to families of people with disabilities because of funding limitation. Yet, this case-by-case strategy falls short of the goal of mainstreaming, which is to make accessibility a universal principle that looks beyond the perceived access needs of the moment, and considers that through time people's access needs in any community are always changing. In the sanitation area, while progress has been achieved in recent years, the Ministry has done little on inclusive sanitation.

## 2.2.6. Demand for inclusive WASH

Apart from Disability Development Services Program, which actively works on inclusive WASH, no disability organisation that we interviewed had specifically advocated or lobbied for inclusive access to WASH. On the contrary, interviews revealed that advocacy for inclusive WASH is limited; one respondent pointed out that to his knowledge, WaterAid was the first to discuss the issue publicly. A few respondents (particularly Battambang Disabled People's Organisation, who articulated it strongly) indeed suggested that stronger advocacy by a network of people with disabilities and/or disabled people's organisations could have brought more concrete action from WASH organisations.

### 2.2.7. Partnerships between WASH and disability organisations

Partnerships between the two sectors were rarely mentioned. For example, no WASH organisation reported having been contacted by an organisation working on disability; however, some organisations working on disability (especially Handicap International) had been contacted by WASH organisations, most often regarding accessible designs. Clear Cambodia and Disability Development Services Program have been collaborating on a staff awareness and training programme. HelpAge and Disability Development Services Program seemed the most active organisations working on disability regarding networking. Overall, our interviews revealed a lack of direct communication and exchange between individual WASH and disability organisations.<sup>11</sup> Several respondents noted that most organisations run their programmes in isolation. There is little interaction at sector level. Both sectors work in parallel, mistakenly assuming that inclusive WASH is being addressed by the other sector. Many interviewees and workshop participants remarked that 2014 WaterAid/Australian Red Cross workshop had been the first cross-sector event that they had ever attended, and their first opportunity to meet directly with representatives of the other sector.<sup>12</sup>

There also appears to be a lack of communication between sectors within government. The Ministry of Rural Development hosts monthly WatSan Group coordination meetings, but no disabled people's organisations have ever participated. The department does not currently have networking relationships with the disability sector, either NGOs or government agencies working with people with disabilities. For its part, Disability Action Council is not currently in contact with WASH organisations.

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### 2.3. Challenges and barriers to inclusive WASH

The main barrier to inclusive WASH identified by most participants from both sectors and government was the lack of collaboration between organisations and between sectors. Reflections such as “there are poor networking relationships among the WASH sector and between the WASH and disability sectors” were common. Respondents who expressed an interest in the issue of inclusion said they did not know how to initiate collaboration, because of a lack of communication channels between WASH and disability groups. In addition, they blamed the limited progress on inclusive WASH on the absence of a national platform or mechanism for cross-sector collaboration, and a lack of leadership by the government to initiate a conversation between its own departments.

Most of our participants from both sectors had considered the issue of WASH accessibility and were keen to pursue it, yet there seemed to be a lack of initiative to start communicating and partnering. When asked why they or their organisation did not initiate some form of communication with representatives from the other sector, respondents mentioned that time and cost constraints were major barriers. For example, HelpAge felt they did as much networking as possible but because “the donors want results, we must deliver the programmes” and due to lack of time “there is little room for experimentation”. Disability Development Services Program echoed these concerns. These comments suggest that workers from both sectors are under some pressure to achieve their targets, and feel they cannot spare the time and energy to initiate new projects or modify existing ones. Two participants from small organisations working on disability were contacted by WASH organisations, but said that this initial meeting was not followed up. Other respondents found the WaterAid/Australian Red Cross partner workshop useful and encouraging, but wondered how to keep the momentum. Talking about previous experience, one disabled people's organisation expressed concern about “NATO, No Action Talk Only”.

Another important barrier mentioned mostly by WASH participants was a perceived lack of knowledge about both technical aspects of accessible designs and the social process of inclusion. While larger NGOs have developed their own designs (e.g. World Vision, Plan), smaller organisations felt that the lack of standard accessible latrine or water point designs (for example, published by the Ministry of Rural Development) and a lack of guidelines and accessibility standards on inclusive WASH was a problem. When we suggested that designs were available on the internet (e.g. from Handicap International or Water, Engineering and Development Centre), some said they were not always adapted to the Cambodian context or were often too expensive. Standard designs were not seen as helpful because, depending on their impairment, people with disabilities have different access needs. Rather than standard designs, several participants bemoaned the lack of information and publicity about adaptations that people with disabilities themselves make to WASH facilities. For example, Cambodian Red Cross explained that people with disabilities often adapt their facilities to suit them, but they do not share their solution with others because of little time to document and report on projects, and the lack of a forum to do so (see case studies, page 20 for a confirmation of this point). In addition, blogs and tools are most often in English, which makes it difficult for Khmer speakers to access.

One respondent, who was involved in an inclusive WASH project (Clear Cambodia) thought that enough technical information on accessible designs and modifications was available, but knowledge on the process of inclusion was lacking. RainWater made a similar remark. Because of a lack of awareness and lack of exposure to people with disabilities and their particular needs, and a lack of knowledge about disability (e.g. how people currently cope with lack of access), respondents felt it was difficult to engage with people with disabilities and their organisations. They felt unsure about the process of initiating and designing an inclusive project, and expressed a need for step-by-step guidelines and case studies about implementing such projects. For their part, representatives of the disability sector noted that the lack of participation of people with disabilities in the design and implementation of WASH projects was a notable barrier to inclusion. Finally, some felt accurate statistical and demographic data on disability were lacking to guide the location and design of specific projects.

Major barriers to inclusion highlighted by disability organisations was stigma faced by people with disabilities, discrimination from family and community, and a lack of willingness from the wider community to make efforts toward inclusion.

Finally, the extra cost of building or adapting inclusive WASH facilities was often mentioned, although it seems there is some misinformation about the real cost. World Vision estimated that inclusive facilities add an extra 30% to the cost of standard facilities; Clear Cambodia said 3 to 4% only when building facilities from scratch.<sup>13</sup> According to respondents, for many in the WASH sector, building inclusive WASH facilities represents a 'niche market', which takes resources away from 'mass' sanitation efforts.

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## 2.4. Factors enabling inclusive WASH

Participants who had successfully implemented inclusive WASH projects or were in the process were able to share the factors they thought had been of benefit to the success of the project. For the practitioners we consulted (particularly Disability Development Services Program), the key to success was the active participation of people with disabilities throughout the project, from the design phase to completion, as well as in the subsequent maintenance of facilities. One way (used by Disability Development Services Program and HelpAge) is to create a community group (e.g. self help group or older person association) to manage the project. This group should include disabled and non-disabled members. Leaders are elected by the group and receive training in WASH. Participation of people with disabilities in leadership helps to incorporate a disability perspective in the project and empowers people with disabilities to have a voice. The collaboration of local authorities and relevant government departments that support, facilitate and provide administrative and technical assistance, and may be able to influence and have an impact on decisions about resource allocation, was also seen as essential (Disability Development Services Program)

A respondent from a large NGO that had successfully implemented inclusive WASH confirmed that consultation with and participation of people with disabilities was essential. He said that efforts had to be made to ensure not only that people with disabilities attended village meetings prior to the project, but also that they were sitting at the front and given time to talk. These meetings had to be followed by home visits to the households of people with disabilities to assess and discuss their needs. The inclusion of people with disabilities in meetings and other activities is sometimes problematic because venues may not be accessible. In villages, community meetings are usually conducted in the pagoda and there is often little choice of other venues. Members of larger organisations (e.g. UNICEF) said this aspect was usually considered. Smaller organisations with less resources, however, may be aware of the presence of people with disabilities after they talked with the village leader, but they admitted that while people with disabilities were not excluded and were always invited, they were not actively included and it was uncertain whether they were able to attend or not.

Staff training and commitment to inclusion was also seen as an important factor for success. One respondent (Clear) insisted that it was essential for ground staff to believe in the process and in making a difference. Therefore, staff need adequate training not just in technical aspects of inclusive WASH, but in broader aspects of inclusion (e.g. understanding and adopting the social model of disability). Inclusive practice often entailed 'profound cultural change' in the organisation. The aim of training is to help staff feel empowered by the process. It is helpful for staff to receive training by organisations working on disability about how to integrate people with disabilities in WASH projects. For example, Clear Cambodia partnered with Disability Development Services Program to conduct staff training, and this partnership was described by both organisations as beneficial.

Finally, opinions diverged on the usefulness of Community-Led Total Sanitation (CTLS) in relation to inclusion. Two respondents suggested that CTLS had good inclusion potential because achieving open defecation free status requires the inclusion of people with disabilities. However, others told us that the triggering phase of CTLS can be particularly upsetting for people with disabilities because they already feel rejected and excluded; for example, this particular NGO (Rainwater Cambodia) stopped using certain images in their communication materials to avoid this problem.<sup>14</sup> Another preferred using a cost benefit analysis to demonstrate that it was in fact cheaper to invest in latrines because they found that the pressure of CTLS was counterproductive. More research may be needed in the area of CLTS to investigate inclusive approaches.

<sup>7</sup> Interviewed on 15/08/2014.

<sup>8</sup> Donors from Australia were specifically mentioned.

<sup>9</sup> HelpAge works with elderly people and ensure the facilities they provide, in this case rainwater tanks, are accessible by older people and children.

<sup>10</sup> An internet search of WASH organisations in Cambodia found only one organisation with pictures of people with disabilities on their website (SNV).

<sup>11</sup> There is also a lack of exchange within sectors.

<sup>12</sup> Although nine organisations attended both the 2006 WEDC conference and the 2014 WaterAid workshop only two representatives attended both personally.

<sup>13</sup> Research from Ethiopia suggests the cost of making school latrines inclusive is an additional 3%. See Jones, H. (2011) *Inclusive Design of School Latrines – How Much Does it Cost and Who Benefits?*, WEDC, Loughborough University, UK. Retrieved from <https://dspace.lboro.ac.uk/dspace-jspui/handle/2134/8793>

<sup>14</sup> This respondent noticed that many people found one image comparing a dog and a human being squatting to defecate in a similar way on the ground was offensive, but that it was particularly upsetting for disabled people who already felt marginalised.

### 3. Needs of both sectors to improve WASH inclusiveness

Respondents and workshop participants were asked what they perceived were the needs of the staff, their organisation and the sector as a whole to improve and expand inclusive WASH.

#### 3.1. Government action

All participants thought it was essential that the government takes the initiative and starts developing cross-sector strategies, guidelines and policies at the national level. Many put forward that an important first step was to develop collaboration between the Ministry of Rural Development and the Ministry of Social Affairs through the establishment of an inclusive WASH joint working group between them and the Disability Action Council, which should also include members of WASH organisations and of disabled people's organisations. They felt that an important task of this working group would be to develop clear guidelines for inclusive sanitation and water provision. In addition, disability should be mainstreamed into the National Action Plan that is currently under development.

As we have seen above, current guidelines and strategic plans do not clearly and specifically address the issue of disability. It is necessary when establishing new guidelines and policy documents to use specific terms related to disability, rather than mention it under broad and vague terms such as 'vulnerable groups', and to revise existing ones, such as the National Disability Strategic Plan. One workshop participant emphasised the importance of linking the local (village, commune) level to the institutional (government) level, something that guidelines could help achieve. Another pointed out that, if inclusive WASH is specifically written out in policy and guidelines, then local authorities are more likely to act on it and may be able to access funding to achieve it. The definition of disability used in government documents needs to be revised to reflect a social model of disability that fosters inclusion rather than individual remedies.

Finally, HelpAge pointed out that government and WASH and disability sectors need to start thinking about the future in a different way, and plan for Cambodia's growing ageing population. There is currently a dominant focus on children with disabilities and victims of landmine and traffic accidents, but with increasing longevity, disability demographics are changing. The World Health Organization's 2011 *World Report on Disability* also

remarked that the proportion of people with disabilities will rise because of an increase in chronic diseases.

#### 3.2. Communication and networking

A second major area of needs identified by all participants from both sectors is that of communication, consultation and relationship building. Several members of the WASH sector expressed a need for forums, conferences or workshops with other WASH organisations to share technical developments and designs, publicise the activities that have been done, and develop an approach to inclusive WASH. However, the need most strongly expressed was cross-sector collaboration; for example, "we need more partnering, more networking, NGOs should work together across sectors, and we need face to face, not just emails," (Disability Development Services Program); "meetings and forums like the WaterAid workshop are good, but we need more of them and larger ones," (World Vision); "we need a platform for discussion, consultation and participation of disabled people's organisations with the WASH sector," (UNICEF); and "we need to be aware that one organisation cannot do everything, therefore, there is a need for a forum of WASH and disability organisations so they can share each other's expertise," (HelpAge).

A few respondents from the disability sector, however, were aware that such meetings had happened before and had not resulted in concrete action. Therefore, they emphasised the need to develop a strategic plan with concrete steps to further inclusive WASH and make sure practical solutions are envisaged (Cambodian Disabled People's Organisation). One suggestion to spread good practice was to link small local projects (like Disability Development Services Program) to mainstream agencies that have the means and influence to develop and implement elsewhere, but may lack practical skills or expertise. In a similar perspective, the need for national and sub-national formal mechanisms for cross-sector collaboration was mentioned. While meetings between individuals can lead to good ideas, the momentum may run out when these individuals move on; therefore, it is useful to set up roles and structures independent of specific individuals to ensure long-term progress.

### 3.3. Information, knowledge building and training

A third area of need identified was that of information and training, with slightly different priorities identified between the two sectors. Many in the WASH sector expressed a need for technical knowledge on designing and building accessible facilities. This could take the form of sample projects to be used as examples, but should include consultation with and participation of disabled people's organisations to develop adaptations and new designs for latrines, wells and water pumps. Organisations working on disability also felt a need to learn more about WASH, and that funding and resources were needed to further staff training on this issue: "WASH needs to provide training to disabled people's organisations, and vice versa," (Cambodian Disabled People's Organisation).

While technical training is relatively easy to access, WASH respondents emphasised the need to learn about the 'process of doing inclusion', particularly learning about disability, how to consult with people with disabilities, the process of building sustainable partnerships, and ways of integrating disability in WASH programming work. It was felt that a way to learn about this process was through case studies of successful projects, documented best practices, study tours and visits to Disability Development Services Program's facilities, plus "guidelines on how to implement cultural change in organisations to become inclusive," (Clear). A particular barrier to accessibility of information was the scarcity of documentation in the Khmer language (HelpAge). The translation of this information into Khmer would democratise access and help increase dissemination and utilisation.

### 3.4. Other needs

Some in the WASH sector felt that disabled people's organisations needed to advocate more strongly for inclusive WASH to both the government and WASH sector. One disability representative suggested that advocacy and lobbying could be improved if people with disabilities received psychological support to empower them and help them express their needs more effectively (Cambodian Red Cross). Inclusive WASH goals alone may not be enough for success. Organisations working on disability issues expressed the need to integrate responses to poverty and life skills with WASH through self help groups, with small capital for starting businesses, and other means (Disability Development Services Program, Cambodian Red Cross). Finally, echoing Australian Red Cross's (2012) suggestion, some in the WASH sector noted the need for a nationwide assessment of the number of people with disabilities, their location and the proportion who already have access to clean water and sanitation. Such data would be helpful to guide the planning, costing and implementation of programmes. Although some data is available from the 2008/2013 census, surveys focusing on disability, using a broader definition of disability,<sup>15</sup> and specifically examining people with disabilities' level and type of access to water and sanitation are essential to accurately assess needs and plan for services.

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<sup>15</sup> For example, the standard ICF framework considers difficulties in functioning not just a narrow range of impairments. This is particularly important to include elderly people and sufferers of chronic diseases who may not self-identify as disabled but who experience reduced functioning.

## 4. On the road to inclusive WASH: successes, challenges, opportunities

The processes of exclusion and inclusion can occur at two levels: 1) at the organisational level, that is in terms of the values, cultures, structures, policies, practices and relationships of both WASH and disabled and vulnerable people's organisations; and 2) at the programme level, that is in terms of the processes adopted (or lack thereof) on the ground to include people with disabilities in aspects of implementing WASH programmes. There are many overlaps and interactions between these two types of processes.

Time and resource limitations prevented us from an investigation of both organisational and programmatic processes that promote or hinder inclusion. The latter would require a longitudinal study of WASH projects in Cambodian communities that was beyond our means. However, we did review the literature on those programmatic processes, including the relatively more numerous case studies outside Cambodia and the few in Cambodia, and when possible examined our key informants' accounts of specific projects guided by a synthesis of the best practices reported in the literature. Two field visits that included discussions with self help groups provided some snapshots of those processes but could not replace longitudinal data, which is indispensable for this type of inquiry.

We have therefore focused on organisational processes and particularly on the relationships within the WASH sector and the disability sector and between the two sectors. Our research has shown that questions of communication and collaboration within and between sectors remain major issues and, while it is not sufficient to evoke such problems as barriers, there is a need to analyse how and why they still exist and study ways to overcome them.

During our field trip to Pursat and Battambang we visited three disability/vulnerable people organisations (Disability Development Services Program in Pursat, Battambang Disabled People's Organisation and HelpAge in Battambang), two self help groups (one under the umbrella of Disability Development Services Program in Pursat and the other under the umbrella of Battambang Disabled People's Organisation in Battambang), and one WASH organisation (Teuk Saat 1001 in Battambang). Various factors influence the level of activities of organisations working on disability and self help groups.

We could not study them all and our analyses therefore focused on questions of communication and collaboration, and on ways to strengthen and expand partnerships to build a stronger network of support and activities.

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### 4.1. Case studies and good practice

Started in 2003, Disability Development Services Program (DDSP) is located in the town of Pursat and focuses on people and children with disabilities. In addition to community-based rehabilitation, children and education projects, DDSP also implements WASH as a component of broader programmes. As highlighted by the Cambodian Red Cross, disability is a crosscutting issue, therefore it is important to design holistic programmes integrating access to livelihood, health, education and WASH.

DDSP's WASH programmes for people with disabilities have included the provision of community wells, household open wells, pumping wells, latrines, ceramic water filters, rainwater collecting sets and school water tanks. DDSP raises awareness about impairment and disability in schools, e.g. on Universal Children's Day and International Day of People with Disabilities, and promotes inclusive WASH during these events. It also collaborates with health centres to carry out hygiene education campaigns.

Funding comes from donors both within and outside of Cambodia. The Asian Development Bank and the WASH organisation Clear Cambodia are operating in Pursat. Through the Provincial Office of Rural Development, the Asian Development Bank supports toilet construction for poor people and Clear provides water filters, but DDSP is the only WASH provider working on inclusive WASH. However, further progress towards inclusive WASH is likely following Clear's study tour in Pursat and DDSP's workshop presentation to their staff. DDSP has been a partner of the Cambodian Initiative for Disability Inclusion implemented by the Australian Red Cross, and the latter has introduced other organisations to DDSP as well as students for volunteer work. However, grasping these opportunities is challenging and can stretch the capacities of the organisation due to lack of time and resources. DDSP has been contacted by the Danish Red Cross about building accessible WASH facilities, and by Effort International as the latter wanted to mainstream disability into their agricultural programming. It has also been visited by the Siem Reap branch of HelpAge. In short, the organisation's development occurred when given the opportunity to collaborate with others.



Today, DDSP's community-based rehabilitation projects operate not only in the town of Pursat, but also in three districts involving eight communes and 51 villages. They have formed 63 self help groups of people with disabilities and other vulnerable people. With an average of 30 members per group, close to 1,900 people with disabilities and other vulnerable people have been engaged in activities for their right to WASH, education and livelihood. The organisation is also active in education projects in 10 communes, including 150 villages and 51 primary schools in which it promotes and builds its accessible twin (girls and boys) latrine design (similar to the one used in its own offices).



As its engagement with self help groups shows, DDSP adopts a rights-based model, where people with disabilities are actively participating in the process of accessing their rights. The first step is to find poor villages with many disabled people who do not receive the support of any NGOs. The organisation works with the Department of Planning and then talks to village chiefs and commune councils, not only to identify people with disabilities, but also to understand the needs of the communities and engage the support of their authorities. The second step is to form a committee of people with disabilities (a self help group) in which the members elect the leaders. The committee's leadership roles are made up of people with disabilities, and the committee also includes both people with and without disabilities. The activity aims to benefit everyone in the community, not just people with disabilities. The committees receive training so they can manage projects after the organisation exits the village. People with disabilities play an important role in leading both design and implementation of the activity.

DDSP has been engaged in advocacy work with other local organisations, but its director acknowledges that inclusive WASH is rarely part of development plans, and advocacy has been limited. To his knowledge WaterAid is the first organisation to do it. For him the most important enabling factors in inclusive WASH are good collaboration with local authorities and government departments, as well as full participation of community members. The organisation would like to extend its operations to other provinces but to do so it needs larger budgets, more staff, and means to increase staff capacity on WASH. The way forward entails more networking and partnering, and NGOs working together within and across sectors. However, it is not enough to communicate via email; people need to meet face-to-face. While forums are useful they also have their limitations in terms of participation of

disabled people. As our key informant from Cambodian Disabled People's Organisation remarked, 'NATO' (No Action Talk Only) is always a risk. DDSP suggests that such workshops and forums need to be organised at the district level.

#### 4.1.1. Self help group at Talou Community Day Care Centre

Talou Community Day Care Centre is situated 41 kilometres west of Pursat. Talou is a welcoming place, and the Day Centre a shaded building with adjoining accessible twin latrines. The two rooms where children who also have disabilities are resting and playing are colourful and equipped with stimulating pedagogical materials. Thirty-eight people came to participate in our focus group discussion. Most of the participants are people living with disabilities, including 15 women and nine children (four girls). The village chief and two community leaders actively participated in the focus group. All of the adults live at Talou village and some children are from villages nearby, the farthest being about 6 kilometres. They make a living through farming and animal raising, some have small businesses in groceries or selling cakes.



DDSP has been proficient in providing accessible toilets to some people with disabilities. At present, all families in the village with members who have limited mobility have received accessible toilets. But families with members who have mild impairments have not yet received accessible toilets. People with disabilities have participated in events organised by DDSP to raise public awareness on hygiene in the villages, but people in our focus group felt it had not been very successful and some of them admitted to sometimes drinking unsafe water. There are still many

barriers to inclusive WASH in the area. Due to the lack of underground water supply, bore wells are not an option. Villagers use water from public and pagoda ponds but for many villagers with disabilities, they are not accessible. There is a need for affordable technologies so these villagers are able to draw water without going down to the ponds. Consequently many depend on their household members for water supply. Some have no other option but to buy water that costs US\$2.5 per cubic metre. Some use roof-catchment, but for many poor families the cost of the big jars necessary for this method (US\$35-40 each) is prohibitive. Many still drink water without filtering or boiling it, and when asked why answered that water filters stopped working and they could not get the affordable ceramic pot they would need to fix the existing one. Hopefully, the meetings that took place during our field trip to Battambang between the managers of Disability Development Services Program, HelpAge and Teuk Saat 1001 may help find solutions.



## 4.2. Challenges and resilience

Battambang Disabled People's Organisation (BDPO) is a small disabled people's NGO created in 2007 that employs six people, as well as an Australian volunteer in an advisory role. It runs two small programmes funded by two agencies (Australian Red Cross was one of them): one focuses on supporting self help groups, and the other on advocacy for the promotion of the rights of disabled people. While BDPO might not be the sole disabled people's organisation in the province, it seems to be the only one with a web presence (<https://www.facebook.com/BTBdpo/info>). BDPO has established five self help groups, which support its members to overcome individual isolation through peer support and provide opportunities for training and other activities. BDPO is not involved with any WASH NGOs and, short of funding and experience, does not have experience directly implementing WASH programmes. It has never tried to contact a WASH NGO and had only been consulted a couple of times by WASH NGOs, but no further collaboration occurred with them. BDPO's manager knew that some disabled people's organisations had incorporated WASH into their programmes but he was unaware of any concrete activities. He expressed the need for a stronger level of advocacy from a network of disabled people's organisations. BDPO wants to engage in inclusive WASH but so far a lack of knowhow, resources and cooperation from the WASH sector are perceived as major barriers.

### 4.2.1. Self help group in Battambang

Five men and five women with disabilities came to the focus group organised by BDPO. They are all members of one of five self help groups under the BDPO umbrella in Battambang province. All ten receive little external support, are poor and mostly have to provide for themselves and rely on mutual support. Few have access to clean water, and some have to buy water collected from a river. They cannot afford public piped water because of the high connection fee (US\$200). They do not have accessible toilets, and described their difficulty in reaching and using existing latrines. Despite the presence of an important organisation of vulnerable people such as HelpAge, and WASH organisations such as Teuk Saat 1001 and Bareebo in the area, they were not aware of any NGOs that could help them. They spend most of their time isolated around their houses and have little contact with their neighbours. They have never received any

education on WASH or assistance from any NGO. At the moment BDPO is too small and has too little budget to support them. Two of the self help group members have modified their toilets to make them a bit more convenient to themselves, but they have not shared their design with other disabled people. None of them had ever seen any toilet or water point designs accessible to people with disabilities. They had not talked to local authorities about their needs for WASH, and the reasons given suggest feelings of low self-esteem combined with the perception that their voice is useless. The BDPO manager acknowledged that the organisation had not been proactive in exploring what could be done to empower its self help group members. Isolation is likely to foster sentiments of despondency and self-blame, which as our key informant from Cambodian Red Cross suggested, points to the need for psychological support. This self help group would like to learn about inclusive WASH, and requires support to obtain accessible toilets and clean water. Opportunities for such support and cooperation might not be far away.

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## 4.3. Opportunities

### 4.3.1. A regional hub for the needs and rights of vulnerable people

HelpAge started its work in Battambang in 1992 and focuses on the needs and rights of elderly people and children, for and with whom they provide care and services at the household level and engage in advocacy programmes. HelpAge is a rights-based organisation that not only lobbies governments, but is also deeply engaged at the grassroots level where it successfully develops and leads local older people associations. These associations are currently aiming to form a district-wide federation. Although people with disabilities are not HelpAge's direct concern, the overlap between the needs and rights of elderly people and disabled people is clear. Like anywhere else, with an ageing population the risk of temporary and long-term impairments is increasing, but may not be captured by disability support services.

WASH is part of a HelpAge project linking climate change to health and sanitation issues. In partnership with Bareebo, a local NGO that constructs earth tanks, HelpAge ensures that these 4,000 litre rainwater tanks are accessible to older people and children and are flood-proof; they can be accessed in time of flood during which the contained rainwater remains clean. One tank can serve the need of four to six families and HelpAge is planning to expand this project. With a good network of partnerships and contacts such as Church World Service, which also works with Bareebo, World Vision and climate change organisations, the prospects for expansion are good. For example, HelpAge had been invited by Church World Service to attend training on WASH and from there had started networking with WASH organisations. For HelpAge, the first step towards being able to manage any projects is to create an older people association whose leaders, like DDSP's self help groups, are elected by the group and then trained about WASH.

However, there remain many challenges and some of them may explain why BDPO has not yet been integrated in this network. Networking requires time and resources, and many donors want rapid quantitative results that leave little room for what may be wrongly seen as 'experimentation' with inclusive WASH. Tools and blogs are often in English, hence mostly inaccessible to Cambodian people (HelpAge's DVD is in Khmer with English subtitles). To

move forward on the road to inclusive WASH, HelpAge suggested the need to plan for an ageing population whose experience and skills should be utilised and protected. It is also important to recognise that one organisation cannot do everything, hence the need for an ongoing forum of WASH and vulnerable people's organisations drawing on each other's expertise. At a more technical level, HelpAge suggests that accessibility should be added to safety, low cost and ease of maintenance as criteria used by the WASH sector to rate designs.

### 4.3.2. WASH delivery expertise

Teuk Saat 1001 came to Battambang in 2007. The NGO manufactures and sets up water-purifying plants in Cambodian communes,<sup>16</sup> then implements a social entrepreneurship system where two or three people work the plant, sell the water and deliver it at low cost to local people. They also run hygiene awareness training through presentations in villages to encourage people to drink clean water. Their Phnom Penh and Battambang centres currently employ 60 people altogether. Their aim is to expand to Siem Reap and Kampong Cham provinces. In 2014 they are servicing 118 communes. They are engaged in social work and are in partnership with orphanages and schools to which they give water. They have not yet planned for disability and inclusive WASH, but may do it in the future. They recognise that their system of home delivery of water is helpful for people with disabilities, older people and pregnant women. They have been approached by Handicap International (but no other WASH or disability organisations) and may work with them to implement inclusive WASH. They would like to participate in forums or workshops with disabled people's organisations, and this is another reason for optimism as opportunities for the strengthening of the net of cooperation and mutual support are growing.

## 4.4. Conclusion

In this case study of our field trip during which we interviewed four organisations and two self help groups of people with disabilities, there was an emerging pattern of collaboration. It highlights the existing relations between WASH and vulnerable people's organisations as well as opportunities for their expansion where gaps exist. Strengthened collaboration between the sectors requires particular support. Building networks takes time and resources. This net needs strengthening not only between but also within the two sectors. For instance, the older people associations developed by HelpAge (and now envisioning a federation), may provide a model for the development and structure of local disabled people's organisations and self help groups. In any case they have a lot to share and learn from each other.

<sup>16</sup> The \$27,000 plant is financed by donations collected mostly in France by the partner NGO 1001 Fontaines and donated to the communes (Sevea 2014).

## 5. Discussion and conclusion

As mentioned in Section 2.1, Cambodia's policy framework now recognises the rights of people with disabilities. However there is significant progress to be made in supporting people with disabilities to realise these rights. This requires concerted efforts from government (particularly collaboration between Ministries) and other stakeholders to strengthen efforts to remove barriers to inclusion, and ensure universal access to WASH is achieved in Cambodia. The lack of national guidelines hampers efforts toward inclusive WASH and could generate more imperative for organisations to become more inclusive. Despite progress on WASH and on disability at the national level, little has been achieved in inclusive WASH to date, and there is no strategy to promote disability accessible WASH.

Organisations, particularly those in the WASH sectors, are increasingly aware of the need for inclusive WASH and appear to be interested in putting it into practice in their programmes. In recent years, several programmes have successfully included the needs of people with disabilities in their WASH projects, at least in terms of clean water and sanitation, not so much in terms of hygiene promotion. However, only the largest international NGOs have successfully mainstreamed disability in their programmes, including WASH. Smaller organisations, even when they are willing, feel they are limited by a perceived lack of technical knowledge, lack of resources and lack of time. Often they continue to use a case-by-case strategy of inclusion rather than mainstreaming. Jones (WaterAid 2013, p. 2) pointed out that, "much of the learning [on inclusive WASH] to date has been through small-scale pilot projects...involving high time and resource input. However, in the long term it is unsustainable for implementers to install accessible latrines on an individual basis, or to carry iterative consultations with disabled users every time a hand pump is installed."

The most important barrier to inclusive WASH seems to be the lack of communication and partnership between the WASH and the disability sector, at the institutional, organisational and individual levels. Many study participants remarked that the WaterAid/Australian Red Cross workshop was the first opportunity they had to meet representatives from the other sector. However, while they found the workshop useful and stimulating, it will be important to plan other activities to keep the momentum going. It seems that, although many individuals and

organisations are willing to tackle the issue of inclusive WASH, they are hesitant to take the first step and make contact with others, relying on others – government or sector – to initiate partnerships.

The lack of technical knowledge on WASH expressed by the disability sector, and on disability expressed by the WASH sector, is also seen as a barrier. Respondents did not seem to know that manuals and guides describing adaptations and accessible designs for toilets, pumps, etc. are relatively easily accessible online (Appendix D). However, these manuals are mostly in English and may not be accessible to non-English staff and people with disabilities. There are also some criticisms that some of the designs are not adapted to the Cambodian context or are too expensive. Yet, the Ministry for Rural Development has published a bilingual (Khmer/English) guide to rural toilets that contains a section on adaptations for people with disabilities. None of our respondents mentioned this guide. It sometimes seems that the argument about a lack of technical designs becomes a pretext for inertia, which is itself associated with the lack of government leadership.

While technical resources for Cambodia seem to be available, there may be a lack of resources which focus on approaches and processes for inclusive WASH, such as case studies and guides that describe ways in which to create partnerships with disabled or older people's groups, or how to arrange consultation and generally go about implementing an inclusive project. Such resources are available for other countries (e.g. Sinha et al. 2006) but not for Cambodia. More than technical resources, it is these process resources for Cambodia that are most needed.

The cost of installing accessible WASH facilities was also reported to be a barrier. Accessible facilities are seen as a 'niche market', which may drain resources from 'mass sanitation' efforts. Chambers (2012, p. 14) remarked how this focus on coverage of the greatest number "implies neglecting, leaving out, not serving, the more difficult, more challenging, and more deprived 'last' whose need is so often greater. For achieving targets, those who are last are not cost-effective." While a study suggests that it costs less than 3% of the overall cost of a latrine to make a school latrine accessible (WaterAid 2011, p. 7), some respondents reported a cost of up to 30%. It is, therefore important not only to develop a few standard designs for

accessible facilities that can be produced and installed cheaply and routinely, but also to study, discuss, share and clarify costing in Cambodia.

Some participants deplored the lack of accurate data on disability that would be helpful to plan and locate programmes where they are most needed. The census is likely to underestimate the prevalence of disability because it uses a narrow definition based on impairment that does not include elderly people and people living with chronic illness, who may not self-identify as disabled but who experience reduced functioning.

To conclude, and looking back at the recommendations formulated by the Water, Engineering and Development Centre in 2006, we find that progress has been achieved in some areas but that many of the recommendations – particularly those relating to sharing of information, collaboration between sectors and advocacy – remain valid:

- **Advocacy, awareness-raising and capacity building.** Awareness of the issue of inclusive WASH has increased in both sectors, but the perception remains that accessible WASH facilities are somewhat 'special' and they are still provided on a case-by-case basis (which, in the long run, is an expensive strategy as retrofitting cost will need to be added later), rather than as standard inclusive facilities. Demand for inclusive services by the disability sector still needs to be encouraged and supported.
- **Information sharing and education.** This is the area where much work remains to be done, and the recommendations from 2006 are still relevant. For inclusive WASH to progress, communication between sectors needs to increase, information needs to be shared and cross-sector collaboration encouraged in practical ways.

- **Inclusive policymaking, planning and mainstreaming.** The Cambodian government has achieved positive legislative and policy change since 2006 with the signing and ratification of the *UN Convention on the Rights of People with Disabilities*, the passing of the *Law on the Protection and Promotion of the Rights of Persons with Disabilities* in 2009, the formulation of strategic plans that begin to take into account issues of accessibility, and the recent National Disability Strategic Plan. The issue is now to translate policy into practice and implement the new accessibility standards in practice, with a particular focus on WASH, through disability mainstreaming at all levels of government and inclusion of a disability perspective in the planning of projects and programmes.
- **Development of appropriate technology options.** Technical designs for accessible toilets, hand pumps and other WASH facilities have been developed, but a major aspect already mentioned in 2006 and still relevant today is the need for information about the process of inclusion and case studies of good practice. The notion 'nothing about us without us' is as relevant today as it was in 2006, and the participation of people with disabilities and disabled people's organisations in the design of WASH projects from conception to implementation needs to be encouraged.

While the desire to act exists, there seems to be a lack of initiative and 'know how' about the collaborative process, compounded by a lack of resources and time to address it. The challenge now is to keep the momentum from the workshop and study alive, and translate this momentum into practical activities that both sectors can engage in.

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## 6. Recommendations

### Inclusive policymaking, planning and mainstreaming

1. The Ministry of Rural Development to lead the development of national inclusive WASH guidelines. This would provide practical guidance to WASH practitioners and sub-national institutions on how to implement the Rural Water Supply, Sanitation and Hygiene Strategy's provisions on disability inclusion. It could set out the best approaches to accessible and inclusive WASH including technical design, and participation and consultation with disabled people's organisations. The guidelines could emphasise universal access rather than 'special facilities' to make it clear among policymakers, service providers and others that providing accessible facilities not only benefits people with disabilities, but also other groups such as pregnant women and the growing groups of elderly people, those with chronic diseases and those with temporary impairments.
2. Organise and support accessibility audits of public buildings and infrastructure to assess to what extent these public facilities match the requirement of the *Law on the Protection and Promotion of the Rights of Persons with Disabilities 2009*, and establish which adaptations are required.
3. The Ministry of Rural Development, Ministry of Social Affairs and Disability Action Council to strengthen collaboration on inclusive WASH in their working meetings, and invite representatives of the other sector to these discussions.
4. To implement accessibility in practice, an inclusion perspective – i.e. disability, ageing, pregnancy, etc. – should be incorporated at all stages of the project cycle in WASH projects; that is, questions are included in initial baseline surveys to identify who is being excluded, identify their needs, and actively plan to include them in project planning and design. Indicators could be developed to monitor these inclusive approaches and the impact on and benefits to vulnerable groups.
5. Advocate to foreign aid agencies, funding organisations and donors to encourage them to revise their framework for proposals and reporting in ways that integrate disability and accessibility at every stage of the process.

### Collaboration and partnering across sectors

6. Develop and support small inclusive WASH projects at the local level – e.g. building accessible toilets in a community – that involve partnerships between WASH and disability organisations. Small grants should be allocated toward such projects, which will demonstrate what inclusion looks like in practice and can serve as demonstration projects to be replicated elsewhere.
7. Encourage and support WASH and disability organisations to invite members of the other sector to their regular meetings to discuss inclusive WASH and develop partnerships. For example, Cambodian Disabled People's Organisation holds bi-monthly meetings with its disability organisation members to which WASH representatives should be invited, and vice versa.
8. Organise and support decentralised (i.e. at provincial and district levels) cross-sector forums such as conferences, workshops and seminars to promote information sharing and collaboration between organisations. These activities should be inclusive of all NGOs present in the region rather than narrowly conceived around specific issues.

## Advocacy, awareness-raising and capacity building

9. Promote and support training for members and staff in the WASH sector to develop their understanding of the social model of disability. Build their knowledge of disability inclusion, and provide them with tools to better reach and include people with disabilities. This should include partnerships between disability and WASH organisations (such as the one between Clear Cambodia and Disability Development Services Program) to promote an understanding of disability issues and draw on disabled people's organisations as a source of advice toward inclusive WASH.
10. People with disabilities and their representative organisations need training and knowledge about possible solutions to make facilities more accessible, so that they can participate more actively in WASH issues. Training can be provided by WASH organisations, which will promote collaboration between the sectors. For members of both sectors and as in Recommendation 12, reciprocal study tours and exchange visits would increase knowledge and improve understanding of the other sector.
11. Encourage and support (including financial support) disabled people's organisations to incorporate WASH into their local awareness-raising and advocacy efforts on the rights of people with disabilities. For example, information and discussion about inclusive WASH could become a regular feature on Cambodian Disabled People's Organisation's radio programme.
12. Encourage organisations to promote accessible WASH in their own networks and wider organisational structures. For example Australian Red Cross Cambodia can promote the issue within the wider Red Cross movement. Organisations can upwardly advocate and share lessons inter-sectorally and inter-regionally.

## Information sharing and education

13. Establish a mechanism to gather, document and share the modifications and adaptations that people with disabilities have made to their own WASH facilities to better understand local and low-cost solutions. Publication of a booklet of a collection of photos and short narratives (gathered through disability networks) could also be launched through events such as an exhibition. Such events would foster collaboration between WASH and disability sectors and increase understanding about accessible and inclusive designs.<sup>17</sup>
14. Evidence and data on recent projects and developments in inclusive WASH across Cambodia need to be collected and reported to build a comprehensive picture of what remains to be done and where. Monitoring and evaluation of current and future WASH projects should include items on accessibility as standard practice.
15. Develop province-based learning hubs showcasing inclusive WASH activities, such as Disability Development Services Program in Pursat. These hubs would provide examples of good practice in terms of achieving inclusion. One way to build such hubs is through the financing and realisation of small local collaborative projects.
16. Establish and maintain a central repository of resources on inclusive WASH for Cambodia, including technical and process guides, designs, case studies and reports in English and Khmer. The Cambodia Initiative for Disability Inclusion (CIDI) forum could serve as such a repository, although a local organisation would be preferable.
17. Translate the main English language resources, manuals and guidelines on inclusive WASH into Khmer. This will give access to information on WASH to people with disabilities and their families at the local level, as well as to NGO workers with limited or no English.

## Further action research and evidence gathering

18. Conduct research on the benefits and limitations of disability inclusion across the three main approaches to sanitation and hygiene promoted in Cambodia – Community-Led Total Sanitation, SanMark and PHAST. Are other approaches used in Cambodia, and how effective are they to promote inclusion?
19. Conduct a small-scale participatory action research project in collaboration with vision-impaired people such as the Association of the Blind in Cambodia. Innovative methods for hygiene promotion need to be developed that are accessible to people with disabilities, particularly the growing number of vision-impaired people who do not receive the full benefit of hygiene promotion activities typically based on visual materials.
20. Conduct research to assess the financial cost of various inclusive WASH facilities in different settings, as well as the cost of modifying and retrofitting standard facilities in Cambodia, and including cost-benefit analyses.
21. Increase efforts to capture more accurate data on people with disabilities' access to WASH. This could be achieved by reviewing the current definition of disability in the national census; or conducting a survey on people with disabilities' access to WASH.

<sup>17</sup> For example, such events could happen on special days such as the International Day of People with Disability (3 December) or World Water Day (22 March).

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## Appendix A

# Summary of findings and recommendations from WEDC research (2003) and workshop (2006)

In 2003, the Water, Engineering and Development Centre published the findings of fieldwork conducted in Cambodia to examine problems of access to clean water and sanitation for people with disabilities. The main objectives were to observe and document existing facilities, adaptations and strategies that have helped people with disabilities improve their access to water and sanitation, and generate solutions to problems facing people with disabilities. The project produced a resource book to provide information and ideas for service providers to make facilities and services more accessible for people with disabilities and other vulnerable groups. In March 2006, a one-day conference followed by a one-day practical workshop took place in Phnom Penh, attended by representatives of both the disability and WASH sectors. The aim of this event was to disseminate the resource book to participants and agencies to increase awareness and understanding of the importance of improving access to water and sanitation for people with disabilities, and to encourage practitioners to apply the ideas and information presented at the conference in their own work. Both the fieldwork and the conference/workshop resulted in a series of recommendations to improve people with disabilities' access to water and sanitation, which are summarised below.

### Advocacy, awareness-raising and capacity building

The research revealed a lack of awareness by WASH providers of the requirements of people with disabilities, and because of a lack of expressed demand, the assumption that standard provisions were adequate for everyone. There was also the misconception that providing services for people with disabilities was a highly technical area, while, in fact, most of the adaptations observed during the fieldwork were simple and could easily be included in the design of WASH facilities. There was therefore a need to close the knowledge gap through:

- Awareness-raising to draw attention to the issue among the WASH sector, and to improve their understanding of the benefits and cost-effectiveness of accessible/inclusive design. Emphasising universal access rather than 'special facilities' would promote the idea among service providers that addressing the needs of people with disabilities could help address the needs of other vulnerable groups.

- Among the disability sector, encouraging demand for inclusive services, particularly lobbying for accessibility in schools and public space.
- Encouraging advocacy and awareness-raising at policy and decision-making levels, at institutional, district and community levels by using a range of media such as communication and professional networks, meetings and workshops and popular media. Information material needed to be translated and produced in formats suitable for various audiences.

### Sharing of information and education

While ad hoc communication and exchange between WASH practitioners and people with disabilities and their organisations happened at the local level and usually produced better results, there was little communication and exchange at the institutional level. Suggestions to remedy this gap included:

- Improving and developing communication and understanding between technical WASH sector agencies and disability organisations, using strategies such as information sharing and exchange visits, combined working groups and seminars, and formal and informal networking.
- People with disabilities and their organisations also need information and knowledge about possible solutions to make facilities more accessible, so that they can participate more actively in WASH issues.
- Opportunities for communication and collaboration between the disability and WASH sectors must be explored to improve the sharing of respective knowledge and experience, help improve current practice, enable the two sectors to learn from each other. This could be achieved through small collaborative pilot projects or action research projects.

## Inclusive policymaking, planning, and mainstreaming

The specific needs of people with disabilities were largely ignored among government, WASH providers and policy implementers. There was, therefore, a need to include a disability perspective in legislation, policy planning and strategies, drawing from the lessons learned from approaches to mainstreaming gender in the WASH sector, including the need for multi-faceted approaches and strategies. Hence the following recommendations were made:

- WASH policies, strategies and legislation need to be reviewed to see how disability can be included, at national, provincial and community level. When people with disabilities are included as part of vulnerable groups, care should be taken to address each group in its own right. This needs to be done by the Ministry of Social Development and the WASH sector in consultation with disabled people's organisations.
- Key organisations need to take on the issue of disability in their work and programmes to promote inclusion of this issue in WASH provision (including government ministries, donors, consultants and powerful figures with the ability to influence public opinion). Given appropriate incentives, NGOs and engineering companies could develop and promote specific designs for people with disabilities, which the private sector could take up.
- A disability/vulnerability perspective should be incorporated at all stages of the WASH project cycle to implement accessibility in practice. Questions need to be included in initial baseline surveys about people with disabilities and their needs; indicators need to be developed to monitor the benefits to people with disabilities; specific opportunities should be provided for people with disabilities to participate in project planning and design.
- A strategy for implementation of the *National Water Supply and Sanitation Policy* needs to be developed, with the specific inclusion of people with disabilities among vulnerable target groups and articulating the responsibilities of planners and implementers to include people with disabilities. The government has an important regulatory role in ensuring that contracts between government and private sector providers contain requirements to address social/equity issues in service delivery of WASH.

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## Development of appropriate technology options

- Development of appropriate and accessible facilities needs to be based on a clear understanding of what problems people with disabilities face and what works for them. People with disabilities are in the best position to understand their own needs and priorities, and offer solutions; therefore collaboration needs to be developed between WASH sector agencies and disability organisations to provide expertise to the other sector. This can be through training, exchange visits and practical collaboration.
  - Information about good practice needs to be documented and made easily available, which can be done through existing networks. For example, widely used standard designs should include easily accessible facilities. Such facilities should be constructed as demonstration models in public buildings to provide practical models for practitioners and educate the public.
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## Appendix B

# WaterAid/Australian Red Cross (ARC) Partners' Workshop participants list

No.	Organisation	Name	Sex	Position	Base Location
1	ARC	David Curtis	M	Country Coordinator/ Regional Inclusion Advisor	Phnom Penh
2	ARC	Seang Chamnap	F	Senior Programme Officer	Phnom Penh
3	ARC	Sok Lyda	F	Senior Fin./Adm. Officer	Phnom Penh
4	ARC	Chan Sombath	M	Senior Driver	Phnom Penh
5	WaterAid	James Wicken	M	Country Representative	Phnom Penh
6	WaterAid	Chelsea Huggett	F	Regional Programme Manager SE Asia/Equity and Inclusion	Phnom Penh
7	AAR WCD	Chin Yok	M	Executive Director	Phnom Penh
8	BDPO	Pich Saroeun	M	Executive Director	Battambang
9	BDPO	Em Hun		Assistant to Director	Battambang
10	CABDICO	Hong Try	M	Finance/Admin	Phnom Penh
11	CANDO	Heang Sarim	M	Executive Director	Phnom Penh
12	CDMD	Nhip Thy	M	Executive Director	Phnom Penh
13	Charity Water	Steve Chee	M	Water Programme Manager	Phnom Penh
14	Clear Cambodia	Marin MacLeod	F	WASH Consultant	Phnom Penh
15	COCD	Hem Sangva	F	Assistant to Director	Phnom Penh
16	COCD	Rachel Geddes	F	Volunteer	Phnom Penh
17	CRC-SRCP	Mom Phireak	M	Programme Coordinator	Phnom Penh
18	CRC-CBHD	Korm Sokhan	M	CBHD Officer	Phnom Penh
19	CRC-First Aid	Mom Chanthy	F	First Aid Manager	Phnom Penh
20	CWS	Ung Kunthear	M		Phnom Penh
21	Danish Red Cross	Sy Sony	M	Programme Support Officer	Phnom Penh
22	DDSP	Pheng Samnang	M	Executive Director	Pursat
23	DPOS	Ou Sambo	M	Executive Director	Kg. Speu
24	Engineers Without Borders Australia	Inca Dunphy		In Country Coordinator, Cambodia and Vietnam	Phnom Penh
25	Engineers Without Borders Australia	Katrina Bukauskas	F	Technical Advisor and Facilitator	Phnom Penh
26	Handicap International	Anita Pearson	F	Regional Technical Unit Coordinator	Phnom Penh

No.	Organisation	Name	Sex	Position	Base Location
27	IFRC	LAK Mony Rasmeay	F	Country Support Plan Coordinator	Phnom Penh
28	KHEN	Khun Bunlee	M	Executive Director	Battambang
29	KHEN	Simon Ross	M	Adviser	Battambang
30	KHEN	Kathleen	F	Adviser	Battambang
31	KPF	Srey Somaly		Project Supervisor	Kampot
32	KPF	Soeun Savath	M	Programme Manager	Phnom Penh
33	Live & Learn	Vang Sean	M	Programme Officer	Phnom Penh
34	MRD	Khuoch Linny	M	Deputy Director of Department	Phnom Penh
35	MRD	Khonn Lydo	M	Staff of Department	Phnom Penh
36	MRD	Kry Vong Pisith	M	Officer	Phnom Penh
37	Plan Cambodia	Hang Hybunna	M	WASH Specialist	Phnom Penh
38	Plan Cambodia	Chhim Phanna	M	Disability Specialist	Phnom Penh
39	RainWater Cambodia	Pheng Kea	M	Executive Director	Phnom Penh
40	UNICEF	Belinda Abraham	F	Chief, WASH	Phnom Penh
41	UNICEF	Jensen Tomas	M		Phnom Penh
42	UNICEF	Heng Santepheap	M	WASH Specialist	Phnom Penh
43	UNDP	Meas Mao	F	National Management Specialist	Phnom Penh
44	WHO	Phan Sophary	F	Water, Sanitation and Environmental Health, Technical Officer	Phnom Penh
45	WaterSHED	Lindsay Voigt	F	Behaviour Change Communications Specialist	Phnom Penh
46	World Vision	Siep Tola	M	WASH Engineering	Phnom Penh
47	World Vision	Nong Davith	M	WASH Programme manager	Phnom Penh
48	CDPO	Leng Moniphea	F	Project Officer	Phnom Penh
49	DAC	Srey Cham	M	Director	Phnom Penh
50		Claudie	F	VI Clinical Advisor	Phnom Penh
51		Keo Chenda	M	Consultant	Phnom Penh
52		Thierry Bouhours	M	Consultant	Phnom Penh
53		Brigitte Bouhours	F	Consultant	Phnom Penh

## Programme of Partners' Workshop for Accessible WASH in Cambodia

### Monday 21 July 2014, Sunway Hotel, Phnom Penh

Time	Activity
8:00-8:30	Registration
8:30-9:00	Introduction and workshop objectives
9:00-9:15	Introduction to 11th ARC partner meeting/introduction to WaterAid Cambodia Briefing on the WEDC 2006 workshop
9:15-9:45	<b>Cross-sector views</b> Perception of WASH people on the disability sector and vice versa? Progress and challenges in cross-sector cooperation? Any forum at national and sub-national level for cross-sector cooperation?
9:45-10:15	<b>Key institutions working on WASH and/or disability</b> Who is doing what, where, and how?
10:15-10:30	Break for refreshment
10:30-11:30	<b>Current policy environment</b> What is happening in each sector (e.g. national policy, strategy, advocacy, focus of the sector, any significant developments)
11:30-12:00	Key findings of the 2003 research and recommendations of the 2006 workshop
12:00-1:00	Lunch break
1:00-2:20	<b>Progress since 2006, lessons learnt, enabling factors, challenges/barriers</b>
2:20-3:15	<b>Overview of SanMark, CLTS, PHAST approaches</b> How are each of these approaches used to promote inclusive WASH? How useful are they? Any barriers in using these approaches?
3:15-3:45	Break for refreshment/networking
3:45-4:50	<b>Way forward</b> What is required to move forward toward disability inclusive WASH?
4:50-5:00	Closing remarks

## Appendix C

# Organisations interviewed

Organisation	Sector	Date est'd	Key roles
Ministry of Rural Development (MRD) – Department of Rural Health Care	Government – WASH		The Department is mandated to improve/promote sanitation/hygiene in rural Cambodia. It does so through different approaches such as CLTS and SANMARK. Before 2007, the government provided free toilets to the community, but this was later found ineffective in terms of cost-effectiveness and sustainability. Starting from 2007, the government greatly reduced the subsidy for toilets and focused on raising awareness of sanitation/hygiene and SANMARK. Small subsidies are still provided to poor people. This department received much less funding than the Water department of the MRD.
Ministry of Rural Development (MRD) – Department of Water Supply	Government – WASH		The Department is responsible for improving access to clean water for people in rural Cambodia. With funding from the government as well as ADB, UNICEF, WHO, WFP, WB, and other partner NGOs, the department has been providing support for wells, ponds, toilets, etc.
DAC – Disability Action Council (DAC)	Government – Disability	2009	<ul style="list-style-type: none"> <li>Coordinate disability work between NGOs and government agencies</li> <li>Raise awareness on the rights of people with disabilities</li> <li>Promote the implementation of the UN Convention on the Rights of People with Disabilities.</li> </ul> <p>DAC has secretariats chaired by Deputy Provincial Governor in 25 municipality/provinces across the country. However, these secretariats are not yet functioning fully because they are newly established and/or lack funding. Currently UNDP is the only agency providing funding to DAC.</p>
Battambang Disabled People Organisation (BDPO) + self help group	Disability	Prior to 2006	This is a very small NGO (only 6 staff + 1 volunteer) the smallest that we interviewed. The NGO has two small programmes on supporting self help groups and advocacy for the promotion of the rights of people with disabilities funded by two agencies. No involvement in WASH.
CABDICO	Disability	2006	Formerly a programme of HI, CABDICO assists people with disabilities (both children and adults) using a community-based rehabilitation approach. It has 14 staff working in two provinces: Kep and Siem Reap. It mainly focuses on activities intended to rehabilitate people with disabilities and foster economic development with the establishment of self help groups who can access small loans. Has little involvement with WASH.
Cambodia Disabled People Organisation (CDPO)	Disability	1994	A rights-based organisation for people with disabilities, CDPO is the umbrella organisation for 61 DPOs (overall 15,000 members, all people with disabilities). Staff include 85% people with disabilities and more than half are women. Governing board includes more women than men. Focuses on rights, advocacy, awareness-raising, and runs a radio station. Network meeting with all DPOs every 2 months. Supports 27 DPOs with small grants. Receive funding from gvt but also donors and from advertising on radio. Not directly involved in WASH although provides hygiene promotion informally.

Organisation	Sector	Date est'd	Key roles
Cambodian Red Cross (CRC) – Health	Disability - WASH	1955 – but current structure dates from 1994	Generally focuses on emergency relief and first aid; hygiene promotion (PHAST and WASH); latrine construction for families who are poor and often disabled; set up community groups to maintain facilities generally through community contribution; CRC monitors projects and help with maintenance.
Disability Development Service Provider (DDSP) + self help groups	Disability - WASH	2003	Started in 2003 by someone working for H. I. after they withdrew from Pursat. Focuses on people and children with disabilities including Downs Syndrome. WASH is one of four projects along with rehabilitation, and children & education. WASH is integrated in the other programmes. Funding comes from donors in and outside Cambodia. Does hygiene promotion in collaboration with health centres.
HelpAge (Battambang)	Disability	1992	Focuses on elderly people and provides advocacy, and care and services at the level of households. Also supports many older people associations in the region. WASH is part of a project related to climate change and health and sanitation. In partnership with Bareebo (which designed water tanks) supplies community flood proof water tanks accessible by older people and children.
Charity Water	WASH	2009	Interviewed in conjunction with Clear Cambodia. Partners with Clear Cambodia to provide Biosand filters to communities.
Church World Service (CWS)	WASH	1979	Provide Biosand filters to the poorest households and runs hygiene promotion; does not install toilets or build wells.  Currently partnering with a Canadian NGO to provide training to individuals and other NGOs on technical matters; does not specifically address inclusive WASH in this training.
Clear Cambodia	WASH	1999 (registered 2010)	Local NGO focusing on water and sanitation. Provides Biosand filters to schools and households; assists families to build toilets and wells. Recently initiated disability inclusion training for staff and plan to implement inclusive WASH projects.
East Meets West (EMW)	WASH	2012	Only just started in Cambodia but has been working for 26 years in Vietnam. Mostly involved in sanitation and hygiene (Prey Veng, Kampot, Pursat, K.Cham, Kratie) but also water supply in K. Chhnang. They provide latrine systems and the family builds a shelter for it. Poor households get a rebate for it, identified by government IDPoor system. Some are excluded even though they are poor so EMW does its own assessment, which takes into account the presence of people with disabilities, people >70 years and widows.
RainWater-Cambodia	WASH	2003	Designs and builds water tanks and sanitation facilities, delivers and installs in 6 provinces. Beneficiaries are the poorest including people with disabilities. Sets up rainwater harvesting systems connected to the house, which people with disabilities are able to use.

Organisation	Sector	Date est'd	Key roles
Teuk Saat 1001	WASH	2007	Currently 60 staff in two centres (Phnom Penh and Battambang). Aims to expand to Siem Reap and K. Cham. In 2014, serviced 118 communes. Builds and installs water purifying plants in communes, financed by donations, then implements a social entrepreneurship system where 2 or 3 people work the plant, bottle the water and sell and deliver it at low cost to local people. Also runs hygiene awareness training through presentation in villages to encourage people to drink clean water.
UNICEF – WASH	WASH	1980	An agency of the UN to protect and promote the rights of children. Runs several programmes including education, child protection, nutrition, health and WASH. UNICEF promotes a package of appropriate, affordable sanitation, water and hand washing facilities in schools, health centres and households, which meet the specific needs of communities. UNICEF programmes promote water, sanitation and hygiene 'ladders', which introduce basic technologies that may be upgraded when families can afford to do so.
World Vision	WASH	1979	Runs a variety of programmes including WASH. Works mostly with water and access to sanitation, not hygiene. Provides rainwater system, wells, ponds, latrines for schools, communities and households in 9 provinces.

#### Field visits

Pursat self help group	Disability
Battambang self help group (BDPO)	Disability

## Appendix D

# Resources on inclusive WASH for Cambodia

### CBM

#### ***Inclusion Made Easy: A Quick Program Guide to Disability in Development – Part B: WASH (2012)***

<http://www.cbm.org/inclusive-development>

*Inclusion Made Easy* offers a useful starting point to assist development practitioners in recognising and understanding disability issues in any given programme context. It aims to give practical guidance on how to ensure people with disabilities are included in international development programmes. It includes statistical information, inclusion strategies and prompt questions presented within a human rights framework to provide development practitioners with an up-to-date approach to disability inclusion. Part B describes practical steps for mainstreaming disability into a range of programme areas and sectors, and specifically WASH projects.

#### ***Manual #2 – Part 1, Toilets and Closed Showers***

This second booklet focuses on water and sanitation facilities and presents various solutions for building accessible toilets and accessible closed showers.

#### ***Manual #2 – Part 2, Open Washing Areas and Water Points***

This booklet presents various solutions for accessible washing areas (either with a water pump or with a water tank) and accessible water points at lakes and rivers.

### HelpAge

DVD in Khmer with English subtitles on the development and activities of older persons associations, which can provide a model for self help groups of people with disabilities.

### DDSP, Pursat

DDSP has developed a design for accessible twin latrines. Legend in Khmer.

### Ministry of Rural Development, Phnom Penh

#### ***Department of Rural Health Care, Informed Choice Manual on Rural Household Latrine Selection (2011)***

This guide in Khmer and English provides technical advice on building latrines and includes a section on adaptations of basic latrine designs (pp. 57-61) for disabled and elderly people.

### East Meets West

Case studies from EMW, a narrative not 'how to do' steps. Socio economic status assessment sheet from EMW.

### Handicap International

#### ***How to Build an Accessible Environment in Developing Countries (2008)***

<http://www.handicap-international.org.uk/resources/library>

#### ***Manual #1 – Introduction and Accessibility Standards***

The purpose of this booklet is to promote understanding and knowledge on accessibility standards and techniques. It emphasises the importance of including accessibility questions from the start of the work's design. The guideline shows how technical recommendations can be adapted to developing countries' contexts, and provides tips on how to calculate costs and make design decisions.

### Plan International

#### ***Disability Mainstreaming Guide (2013)***

A step-by-step guide to mainstreaming disability in programming work, including in WASH projects

***Plan designs for inclusive facilities*** with legend in Khmer.

## WaterAid

### ***Equity and Inclusion: A Rights-Based Approach, WaterAid (2010)***

Presents WaterAid's framework on equity and inclusion.

### ***Equity and Inclusion, Play your Part: Awareness-Raising Training Guide***

WaterAid's equity and inclusion framework presents a common platform for us all to build on. The purpose of awareness-raising training is to come to a common understanding of equity and inclusion in water, sanitation and hygiene. This booklet provides the curriculum and resources for a one-day training programme.

### ***Mainstreaming Disability and Ageing in Water, Sanitation and Hygiene Programmes: A Mapping Study Carried out for WaterAid (2013)***

This study provides an overview of how disability and ageing issues have been incorporated into WASH programmes. It presents a 'mainstreaming continuum' to show the different stages organisations go through: from pilot studies and projects, through capacity building and guidelines, to a state in which disability and ageing are fully considered in all work. The different stages on the continuum can be used by organisations to identify what has already been achieved, build on it, and help see what needs to be done to move to the next stage.

Part one analyses the process of mainstreaming disability and ageing into WASH programmes, and outlines the conceptual framework. Part two is a selection of the examples submitted by different organisations to the mapping study including Cambodia. This document can be used by WASH practitioners and implementers to support the analysis of mainstreaming disability and ageing in WASH projects, such as where they need to get to and how. It is designed to facilitate learning from other practitioners' experience of mainstreaming disability and ageing in WASH by providing and analysing a number of examples from various contexts.

## WEDC

<https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/general.html>

### ***Water Supply and Sanitation Access and Use by Physically Disabled People: Report of Field Work in Cambodia (2003)***

This report presents and documents examples of inclusive WASH facilities, adaptations, equipment, approaches and strategies that have helped adults and children with physical limitations improve their access to water and sanitation in Cambodia. There are examples and ideas that others can learn from and replicate in their own communities.

### ***Accessibility and Safety Audits for Latrine and Water Points***

Training notes and material for awareness-raising.

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## World Vision

### ***WASH Field Manual (2012)***

[https://groups.google.com/forum/#!topic/watsan-sector-kh/k30cP\\_y3lcU](https://groups.google.com/forum/#!topic/watsan-sector-kh/k30cP_y3lcU)

Provides a framework and tools for designing, implementing and evaluating water, sanitation and hygiene projects in rural Cambodia. The manual addresses problems of accessibility for people with disabilities and older people. An appendix provides a check list for need assessment and a design of accessible latrines (appendices are very large and not appended to the manual. They may be obtained directly from World Vision).

### ***Travelling Together: How to Include Disabled People on the Main Road of Development (2010)***

<http://www.wvi.org/es/node/20606>

This resource provides the programme and material of World Vision's one-day awareness-raising programme. The programme is designed to boost disability inclusion in development programmes. It has been developed primarily for staff who have not considered disability inclusions before.

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the  
power of  
humanity

