Accessible WASH in Cambodia

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SRC - November, 2014

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Universal access to clean water and sanitation is likely to be set as a target in the next set of global 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 programs. 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. It was critical to introduce a disability perspective in legislation, policy and development work to achieve 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 (Jones & Reed 2005). The present report commissioned by WaterAid and Australian Red Cross (ARC) assesses what has occurred since the 2006 conference; the progress made in terms of equitable and inclusive access to WASH; the different approach used and their strengths and limitations. This report presents recommendations, priorities, and directions for the future. This 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 in the WASH and disability sectors.

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 the Law on the Protection and Promotion of the Rights of Persons with Disabilities in 2009, which mandates 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 WASH, disability mainstreaming at all levels of government, and inclusion of a disability perspective in the planning of projects and programs.

Development organisations, particularly those in the WASH sectors, are increasingly aware of the need for inclusive WASH and generally interested to put it into practice in their programs. The larger organisations have successfully mainstreamed disability in their programs, including WASH, 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 programs.

Several WASH 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

1 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.
facilities, with some targeting households. Several manuals, guides and designs for inclusive WASH facilities have been produced, but most are in English, 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, which support, facilitate and provide financial and administrative assistance, was also seen as essential. Furthermore, participants identified that 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 another important factor for success.

A major barrier to inclusive WASH remains the lack of communication and partnership between the WASH and the disability sectors, at the institutional, organisational and individual levels. Throughout the interviews, individuals and organisations expressed they are willing to tackle the issue of inclusive WASH, however they are hesitant to make the first step and make contact with stakeholders from the other sector, relying on others to initiate partnerships.

Members of the disability sector noted a lack of technical knowledge on WASH, and members of the WASH sector expressed 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 an inertia. More than technical resources, 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, 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 accessible², 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 WEDC in 2006 we find that progress has been achieved in some domains but that many of the recommendations, particularly those relating to sharing of information, collaboration between sectors and advocacy, remain valid. Twenty-one recommendations are made in five domains:

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• **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 sector** – 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 in 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 promotion promoted in Cambodia; ways to improve the effectiveness of programs 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.
1. **INTRODUCTION**

Ensuring widespread and equitable access to water, sanitation and hygiene (WASH) 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) 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, marginalised and discrimination. This includes groups such as ethnic minorities, the poorest of the poor, people living with chronic illness, elderly and people with disabilities, whose particular needs are often ignored in designing infrastructure and development programs. People with disabilities and elderly people often face barriers to accessing WASH programs and facilities due to difficulty attending meetings; among the most vulnerable and marginalised. 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 population (Cambodia Mine Victims Information System).

In 2003, the Water, Engineering and Development Centre (WEDC) 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 progresses have 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 (UNCRPD) definition of disability: ‘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.³

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. Globally there has been a shift from the medical model towards the social and human rights based models and the recognition that removing barriers to inclusion…

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, and 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 to be adapted to their specific needs. This is the basis of inclusion, that is, encouraging universal access, i.e. making sure that everyone in the community can access facilities and services regardless of physical abilities (Handicap International 2008). Planning for inclusive access to mainstream services makes economic sense. For example, when building a new toilets 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.

³ 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’ (people with disabilities) throughout this report.
1.2. Statistics on disability and WASH in Cambodia

For the first time in 2008, the National census included a question on disability in Cambodia. Five types of impairment were addressed (in seeing, in movement, in speech, in 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 (NIS 2009).

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 (NIS 2009) were living with a disability. 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%) (NIS 2013a).

The rate of disability is increasing in Cambodia due to increasing number of population acquiring a disability (road traffic accidents and illness) and the aging population. Between 2008 and 2013 the total population of Cambodia increased 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, the World Report on Disability (WHO 2011) 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 like 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 the World Report).

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).

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4 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).

5 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.
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 census (NIS 2009) 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 livelihoods opportunities, discrimination and social exclusion, and often face high health costs. Disability is also a consequence of poverty because poverty leads to lack of adequate nutrition, health care, and water and sanitation. In Cambodia, there is 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, in relation to WASH, people with disabilities may have to rely on family members, often women and girls, to fetch extra water, wash and provide personal care for the person with a disability, 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 (WEDC). 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 from 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 (Jones and Reed 2006). 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 details 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; and
- 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

On 21 July 2014 in Phnom Penh, in order to assess 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, the Australian Red Cross (ARC) and WaterAid invited WASH and disability organisations members to a partner workshop on inclusive WASH (see Appendix B for the list of participants and program). Over 30 organisations (50 representatives) attended the workshop 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 the legal and policy frameworks, technical documents and grey literature by both sectors to document the work done by the WASH and disability sectors to promote the 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 of disability and two of 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).

Based on the desk review, workshop, interviews and focus-group discussions (FGDs), the report first describes developments in inclusive WASH since the WEDC conference in 2006, including legislation and inclusive program work. It then analyses enablers and barriers to inclusive WASH. Finally it explores the needs of both sectors for future progress and puts forward new/further recommendations.

2. DEVELOPMENTS IN INCLUSIVE WASH

2.1. Legal and policy framework

Since the WEDC workshop in 2006 Cambodia’s legal frameworks for protecting the rights of people with disabilities have progressed. In 2007 the Royal Government of Cambodia (RGC) 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 (LPPRPD), was finally adopted. In 2012 the RGC ratified the Convention, signalling the government’s commitment to disability rights. In 2014 the Disability Action Council (DAC) 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 LPPRPD 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 DAC, little has been done so far to ensure access to public buildings and toilets for people with disabilities. The law is too broad and does not provide a clear guideline on how to build accessible toilets. DAC 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 (DAC), a national coordination and advisory body on disability created by the LPPRPD. On the other hand, WASH is under the authority of the Ministry for Rural Development (MRD); 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 (DAC 2014). One of the aims of the present report is to go some way toward addressing the specific concerns of access to WASH for people with disabilities.

The Rural Water Supply, Sanitation and Hygiene (RWSSH) 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 programs, in any area, at all levels of water supply, sanitation and hygiene service development’ (MRD 2011a, p. 9). Further references to consultation with and participation of people with disabilities in design and implementation of RWSSH services are made in the text. The National Strategic Plan for Rural Water Supply, Sanitation and Hygiene 2014-2025 (January 2014) also makes references to disability inclusion but unlike the RWSSH 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) (Handicap International 2008).

### 2.2. Developments in WASH and disability sectors

We asked respondents from both 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).6

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6 Interviewed on 15/08/2014.

7 For WASH sector, 0=have not thought about it and 4=we have good disability inclusion practices; for disability sector, 0=we have never been involved in a WASH program and 4=we are partnering with WASH organisations to promote and deliver accessible WASH.
Thirteen organisations provided a rating (7 for WASH and 6 for disability). One WASH organisation (World Vision) and one disability organisation (HelpAge) ranked 4 (fully inclusive); one WASH organisation (Teuk Saat 1001) and one disability organisation (BDPO) 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 half way 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 program activities conducted by WASH organisations

One organisation (Clear Cambodia) has conducted awareness training for its staff. It recently invited a Disability Service Provider (DDSP) 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 programs 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 programs, 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 school toward changing behaviours and social norms in relation to inclusive WASH.
One organisation (EMW) includes disability in their need assessment when selecting which households will benefit from the program. 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, EMW 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. RWC) locate facilities closer to the house 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. EMW regularly records case studies of inclusive WASH achievement. Word Vision noted that donors 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 program activities conducted by disability organisations

Three of the six disability and vulnerable people’s organisations we interviewed were directly working on WASH (DDSP, HelpAge and CRC). DDSP 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. Two disability organisations were not involved in WASH; they were small organisations with very limited resources. Finally, the work of CDPO 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, 6 public buildings (e.g. health centers) and 56 individual homes were targeted, adapted and made inclusive (Handicap International 2008). In 2010-11, the Australian Red Cross (ARC) implemented the first year of the AusAid-funded Cambodian Initiative for Disability Inclusion (CIDI), an extension of the Landmine Survivors Assistance Program (LSAP) that had been running since July 2007. The CIDI program was the product of a redesign process to reflect a broader disability inclusion focus, in line with AusAid’s Development for All strategy (ARC 2012). In 2010-2012 WASH facilities were

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8 Donors from Australia were specifically mentioned.

9 HelpAge works with elderly people and ensure the facilities they provide, in this case rainwater tanks, are accessible by older people and children.
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 (ARC 2012, pp. 14-5 & 35-6).

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 programs and share with other organisations (World Vision, Plan, DDSP) (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 (CDPO) 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 material suitable for their needs. Some organisations (EMW, CRC) 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 program (World Vision, Cambodia Red Cross, Plan) or are in the process of doing it (UNICEF) (Coe & Wapling 2010; Plan 2013). Two smaller organisations (Clear and EMW) 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.\(^\text{10}\)

Starting in 2003, World Vision appears to be a pioneer in developing the social model of disability mainstreaming in their programs (Badenoch 2007). In Cambodia, their work to include people with disabilities in three mainstream area development programs 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 programs globally (Kamban & Norman 2013; Wapling 2010).

Some donors have also taken steps to ensure the programs they fund takes into account disability. For example, the Asian Development Bank (ADB) has produced guidelines on incorporating disability issues in poverty reduction strategies and aid programs (Edmonds 2005). Cambodia is a focus country for the Australian Department of Foreign Affairs and Trade’s (DFAT) Development

\(^{10}\) An Internet search of WASH organisations in Cambodia found only one organisation with pictures of people with disabilities on their website (SNV).
for All Strategy (2009-2014), in which disability is progressively mainstreamed through key sectors within the Cambodian program (UN Economic and Social Council 2010).

The head of Rural Water Supply Department of the MRD reported that inclusive access to clean water was slowly being mainstreamed in 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 access needs in any community are always changing. In the sanitation area, while progress has been achieved in recent years, the MRD has done little on inclusive sanitation.

2.2.6. Demand for inclusive WASH

Apart from DDSP, 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 BDPO who articulated it strongly) indeed suggested that stronger advocacy by a network of people with disabilities and/or DPOs 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 DDSP have been collaborating on a staff awareness and training program. HelpAge and DDSP 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. Several respondents noted that most organisations run their programs 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 WaterAid/ARC workshop on July 21st, 2014 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.

There also appears to be a lack of communication between sectors within government. The MRD hosts monthly WatSan Group coordination meetings but no DPOs have ever participated. The department does not currently have networking relationships with the disability sector, either NGOs

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11 There is also a lack of exchange within sectors.

12 Although nine organisations attended both the 2006 WEDC conference and the 2014 WaterAid workshop only two representatives attended both personally.
or government agencies working with people with disabilities. For its part, DAC is not currently in contact with WASH organisations.

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 WASH and disability sector’ 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 the 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 programs’ and due to lack of time ‘there is little room for experimentation’. DDSP 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 WaterAid/ARC partner workshop useful and encouraging but wondered how to keep the momentum. Talking about previous experience, one DPO 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 MRD) and the 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 WEDC), some said they were not always adapted to the Cambodian context or were often too expensive. Standard designs were not seen as helpful by DPOs because, depending on their impairment, people with disabilities have different access needs. Rather than standard designs, several participants deplored the lack of information and publicity about adaptations that people with disabilities make to WASH facilities. For example, CRC explained that people with disabilities themselves 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 forum to do such sharing (see case study 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.

A major barrier to inclusion highlighted by DPOs was the stigma they sometimes felt about disability, discrimination from family and community, and lack of willingness from community people to make the effort 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. 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.

### 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 DDSP), the key to success in inclusive WASH 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 DDSP 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, which 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 (DDSP).

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 that not only people with disabilities attended village meetings prior to the project but 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

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13 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
needs. The inclusion of people with disabilities in meetings and other activities is sometime 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 the staff feel empowered by the process. It is helpful for staff to receive training by DPOs and other organisations working on disability on how to integrate people with disabilities in WASH projects. For example, Clear Cambodia partnered with DDSP 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 (ODF) 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) stopped using certain images. 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.

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 MRD and MoSVY through the establishment of an inclusive WASH joint working group between the MRD and MoSVY/DAC, which should also include members of WASH organisations and of DPOs. They felt that an important task of this working group would be to develop clear guidelines for inclusive sanitation

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14 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.
and water provision. In addition disability should be mainstreamed into the National Action Plan which 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 which guidelines could help to 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 the social model of disability with 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 accident, but with increasing longevity, disability demographics are changing. The World Report on Disability (WHO 2011) 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’ (DDSP); ‘meetings and forums like 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 DPOs with WASH sector’ (UNICEF); ‘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 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 (CDPO). One suggestion to spread good practice was to link small local projects (like DDSP) to mainstream agencies, which 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 example but it should include consultation with and participation of DPOs to develop adaptations and new designs for latrines, wells and water pumps. DPOs and other 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 DPOs, and DPOs to WASH organisations’ (CDPO).

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 of DDSPs facilities, and ‘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 Khmer language (HelpAge). The translation of this information in Khmer language would democratise access and help increase dissemination and utilisation.

3.4. Other needs

Some in the WASH sector felt that DPOs needed to advocate more strongly for inclusive WASH to both the government and WASH sector. A DPOs’ 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 (CRC). Inclusive WASH goals alone may not be enough for success. DPOs 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 (DDSP, CRC). Finally, echoing ARC’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 are available from the 2008/2013 Census, surveys focusing on disability, using a broader definition of disability, 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.

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 program level, that is in terms of

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15 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.
the processes adopted (or lack thereof) on the ground to include people with disabilities in aspects of implementing WASH programs. 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 (SHGs) provided some snapshots of those processes but could not replace longitudinal data, which is indispensable for this type of inquiry.

We have therefore focussed on organisational processes and particularly on the relationships within the WASH sector and the DPO sector and between the two sectors. Our research has shown that questions of communication and collaboration within and between sectors remain major issues and that it is not sufficient to evoke such problems as barriers but, 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 (DDSP in Pursat, BDPO and HelpAge in Battambang), two SHGs (one under the umbrella of DDSP in Pursat and the other under the umbrella of BDPO in Battambang), and one WASH organisation (Teuk Saat 1001 in Battambang). Various factors influence the level of activities of organisations working on disability, DPOs and SHGs. We could not study them all and our analyses therefore focused on questions of communication and collaboration and ways to strengthen and expand partnerships to build a stronger network of supports and activities.

4.1. Good Practices

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

DDSP’s WASH programs 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 disablement 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 (ADB) and the WASH organisation Clear Cambodia (CC) are operating in Pursat. Through the Provincial Office of Rural Development, ADB supports toilet construction for poor people and CC provides water filters, but only DDSP is the only WASH provider working on inclusive WASH. However, further progress towards inclusive WASH is likely following CC’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 (CIDI) implemented by the Australian Red Cross (ARC) 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 (DRC) about the building of accessible WASH facilities, and by Effort International as the latter wanted to mainstream disability in their agricultural program. It has also been visited by the Siem Reap branch of HelpAge. In short, the development of DDSP occurred when given the opportunity to collaborate with other organisations. Organisational development assists their capacity to take on new opportunities.

Today, DDSP 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 (SHG) 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. DDSP is also active in education projects for children with disabilities 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 at the DDSP office).

As its engagement with SHGs shows, DDSP adopts a right-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. DDSP works with the Department of Planning (DoP) and then talk 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 DDSP 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. DDSP 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 (CDPO) 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 by road at 41 kms west of Pursat. On the way to it we stopped to a village where an accessible well had been recently built and a woman who used a wheelchair for mobility could easily use the hand pump and fill her container. Talou community is a welcoming place and the day-care centre a shaded yet luminous building with its 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 sitting on comfortable mats in a circle on the veranda, some standing outside and leaning on the railing. 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 kms. To come to the center, the children were collected by a tuk-tuk, and the adults used their own bikes or came on foot. They make a living through farming and animal raising, some have small businesses in groceries or selling cakes.

![Talou Community Day Care Centre](image)

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 villages but the 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 from the ponds 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 cost...
$2.5 per cubic metre. Some use roof-catchment but for many poor families the cost of the big jars ($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 affordable ceramic pot to fix the existing one. Hopefully, the meetings that took place during our field trip to Battambang between the managers of DDSP, HelpAge and Teuk Saat 1001 may help find solutions.

### 4.2. Challenges and resilience

BDPO is a small Battambang DPO created in 2007 and employing 6 people as well as an Australian volunteer in an advisory role. It runs two small programs funded by two agencies (ARC 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 DPO in the province, it seems to be the only one with a web presence (https://www.facebook.com/BTBdpo/info). BDPO has established 5 self-help groups which support its members to overcome individual isolation through peer support and provides 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 program. 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 DPOs had incorporated WASH into their programs but he was unaware of any concrete activities. He believes that most of the times a meeting with the WASH sector took place but no concrete actions followed. He expressed the need for a stronger level of advocacy from a network of DPOs. BDPO wants to engage in inclusive WASH but so far 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 SHGs under BDPO umbrella in Battambang province. Only two were from downtown Battambang; the eight other people live about 10km from downtown including one person living in a pagoda. Many came by motorbike, some with family and others living nearby came on their wheelchairs. All of them receive little external support, are poor and mostly have to provide for themselves and rely on mutual support. Few of them 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 ($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 a budget to support them. Two of the SHG 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. Mostly confined around their homes and rarely moving more than 200 metres from them they felt disconnected from others, and had not been given the opportunity to meet and share their designs with other disabled persons. Mostly confined around their homes and rarely moving more than 200 metres from them they felt disconnected from others, and had not been given the opportunity to meet and share their designs with other disabled persons. 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 SHG members. Isolation is likely to foster sentiments of despondency and self-blame, which as our Key Informant from CRC suggested, points to the need for psychological support. This SHG 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.

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 programs. HelpAge is a rights-based organisation that not only lobbies governments but is also deeply engaged at the grass-roots level where it successfully develops and leads local Older People Associations (OPA) and helps towards their federation at the district level. 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 litres 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 4 to 6 families and HelpAge is planning to expand that project. With a good network of partnerships and contacts such as Church World Service (CWS) that works also with Bareebo, World Vision and climate change organisations, the prospects for expansion are good. For example, HelpAge had been invited by CWS to attend training on WASH and from there had started networking with WASH organisations. For HelpAge, to be able to manage any projects the first step is to create an OPA whose leaders, like DDSP SHGs, 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 for instance. The 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 that planning 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 on going 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 among the 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, then implements a social entrepreneurship system where 2 or 3 people work the plant and 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

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16 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).
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 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 DPOs 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 OPAs developed by HelpAge (and now envisioning a federation), may provide a model for the development and structure of local DPOs and self help groups. In any case they have a lot to share and learn from each other.

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 to put it into practice in their programs. In recent years, several programs 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 programs, 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 pilots 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 July WaterAid/ARC 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 make 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 MRD (2011b) has published a bilingual (Khmer/English) guide to rural toilets with 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 an 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 DPO’s or older people’s groups; 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 from Cambodia, which 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 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 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 programs where they are most needed. The Census is likely to underestimate the prevalence of disability because it uses a narrow definition based on impairment, which 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 WEDC 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 CRPD, the passing of the LPPRPD in 2009 and 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 programs.

- **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 DPOs 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 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.

### 6. RECOMMENDATIONS

**Inclusive policymaking, planning, and mainstreaming**

1. MRD 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; participation and consultation with DPOs. The guidelines could emphasise universal access rather than ‘special facilities’ to make it clear among policy makers, 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, people with chronic diseases and temporary impairments.

2. Organise and support accessibility audits of public buildings and infrastructure to assess to what extend 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. MRD, MoSVY and DAC 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 (disabled/poor people); identify their needs, actively plan to include them in project planning and design. Indicators could be developed to monitor the inclusive approaches and the impact 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 sector**

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, CDPO holds bi-monthly meetings with its DPO 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, 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 DDSP) to promote an understanding of disability issues and draw on DPOs 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 visit would increase knowledge and improve understanding of the other sector.

11. Encourage and support (including financial support) DPOs’ 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 CDPO’s radio program.

12. Encourage organisations to promote accessible WASH in their own networks and wider organisational structures. For example ARC 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.\(^{17}\)

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 provincial-based learning hubs showcasing inclusive WASH activities, such as DDSP in Pursat. These hubs would provide examples of good practice in term 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 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 family at the local level and to NGO workers with no or limited English-language.

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 – CLTS, SanMark, PHAST – in relation to disability and inclusion; 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.

\(^{17}\) 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).
7. REFERENCES


APPENDIX A
SUMMARY OF FINDINGS AND RECOMMENDATIONS

In 2003, WEDC published the findings of fieldwork conducted in Cambodia to examine the problems of access to clean water and sanitation (WASH) for people with disabilities (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 WASH for people with disabilities and 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 MOSALVY and the WASH sector in consultation with disabled people organisations.

• Key organisations need to take on the issue of disability in their work and programs 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 project cycle in WASH projects 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.

**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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<td>Mom Phireak</td>
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<td>Pheng Samnang</td>
<td>M</td>
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<td>23</td>
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<td>24</td>
<td>Engineers Without Borders Australia</td>
<td>Inca Dunphy</td>
<td>F</td>
<td>In Country Coordinator - Cambodia and Vietnam</td>
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<tr>
<td>25</td>
<td>Handicap International (HI)</td>
<td>Katrina Bukauskas</td>
<td>F</td>
<td>Technical Advisor and Facilitator</td>
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<td>IFRC</td>
<td>LAK Mony Rasmey</td>
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<td>KHEN</td>
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<td>Vang Sean</td>
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<td>Belinda Abraham</td>
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<td>UNICEF</td>
<td>Jensen Tomas</td>
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<td>WHO</td>
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<td>Lindsay Voigt</td>
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<td>8:00-8:30</td>
<td>Registration</td>
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<td>8:30-9:00</td>
<td>Introduction and workshop objectives</td>
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| 9:00-9:15       | Introduction to 11th ARC partner meeting / Introduction to WaterAid Cambodia   
|                 | Briefing on the WEDC 2006 workshop                                      |
| 9:15-9:45       | Cross-sector views                                                        |
|                 | 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      | Key institutions working on WASH and/or disability                       |
|                 | Who is doing what, where, and how?                                      |
| 10:15-10:30     | Break for refreshment                                                     |
| 10:30-11:30     | Current policy environment                                                |
|                 | Who is doing what, where, and how?                                      |
| 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       | Progress since 2006, lessons learnt, enabling factors, challenges/barriers |
| 2:20-3:15       | Overview of SanMark, CLTS, PHAST approaches                              |
|                 | 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       | Way forward:                                                             |
|                 | What is required to move forward toward disability inclusive WASH?       |
| 4:50-5:00       | Closing remarks                                                          |
## APPENDIX C
### ORGANISATIONS INTERVIEWED

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Sector</th>
<th>Date established</th>
<th>Key roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Rural Development (MRD) – Department of Rural Health Care</td>
<td>Government – WASH</td>
<td>-</td>
<td>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.</td>
</tr>
<tr>
<td>Ministry of Rural Development (MRD) – Department of Water Supply</td>
<td>Government – WASH</td>
<td>-</td>
<td>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.</td>
</tr>
<tr>
<td>DAC – Disability Action Council (DAC)</td>
<td>Government – Disability</td>
<td>2009</td>
<td>- Coordinate disability work between NGOs and government agencies - Raise awareness on the rights of people with disabilities - Promote the implementation of the UN Convention on the Rights of people with disabilities. 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.</td>
</tr>
<tr>
<td>Battambang Disabled People Organisation (BDPO) + self help group</td>
<td>Disability</td>
<td>Prior to 2006</td>
<td>This is a very small NGO (only 6 staff + 1 volunteer) the smallest that we interviewed. The NGO has two small programs 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.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Sector</td>
<td>Year</td>
<td>Description</td>
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<tr>
<td>CABDICO</td>
<td>Disability</td>
<td>2006</td>
<td>Formerly a program 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 the people with disabilities and foster economic development with the establishment of Self-Help Groups who can access small loans. Has little involvement with WASH.</td>
</tr>
<tr>
<td>Cambodia Disabled People Organisation (CDPO)</td>
<td>Disability</td>
<td>1994</td>
<td>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.</td>
</tr>
<tr>
<td>Cambodian Red Cross (CRC) - Health</td>
<td>Disability - WASH</td>
<td>1955 – but current structure dates to 1994</td>
<td>Generally focuses on emergency relief and first aid; hygiene promotion (PHAST and WASH); latrines 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.</td>
</tr>
<tr>
<td>Disability Development Service Provider (DDSP) + self help groups</td>
<td>Disability - WASH</td>
<td>2003</td>
<td>Started in 2003 by someone working for H. I. after they withdrew from Pursat. Focuses on people and children with disabilities including Down Syndrome. WASH is one of four projects along with rehabilitation, and children &amp; education. WASH is integrated in the other programs. Funding comes from donors in and outside Cambodia. Does hygiene promotion in collaboration with health centres.</td>
</tr>
<tr>
<td>HelpAge (Battambang)</td>
<td>Disability</td>
<td>1992</td>
<td>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 to communities flood proof water tanks accessible by older people and children.</td>
</tr>
<tr>
<td>Charity Water</td>
<td>WASH</td>
<td>2009</td>
<td>Interviewed in conjunction with Clear Cambodia. Partners with Clear Cambodia to provide Biosand filters to communities.</td>
</tr>
<tr>
<td>Church World Service (CWS)</td>
<td>WASH</td>
<td>1979</td>
<td>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</td>
</tr>
<tr>
<td>Organization</td>
<td>Sector</td>
<td>Year</td>
<td>Description</td>
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</tr>
<tr>
<td>Clear Cambodia</td>
<td>WASH</td>
<td>1999 (registered 2010)</td>
<td>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.</td>
</tr>
<tr>
<td>East Meets West (EMW)</td>
<td>WASH</td>
<td>2012</td>
<td>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 &gt;70 years and widows.</td>
</tr>
<tr>
<td>RainWater-Cambodia</td>
<td>WASH</td>
<td>2003</td>
<td>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.</td>
</tr>
<tr>
<td>Teuk Saat 1001</td>
<td>WASH</td>
<td>2007</td>
<td>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 whereas 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.</td>
</tr>
<tr>
<td>UNICEF-WASH</td>
<td>WASH</td>
<td>1980</td>
<td>An agency of the UN to protect and promote the rights of children. Runs several programs 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.</td>
</tr>
<tr>
<td>World Vision</td>
<td>WASH</td>
<td>1979</td>
<td>Runs a variety of programs 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.</td>
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<tr>
<td><strong>FIELD VISITS</strong></td>
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<tr>
<td>Pursat self-help group</td>
<td>Disability</td>
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<tr>
<td>Battambang self-help group (BDPO)</td>
<td>Disability</td>
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APPENDIX D
RESOURCES ON INCLUSIVE WASH FOR CAMBODIA

CBM


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

*Inclusion Made Easy* offers a useful starting point to assist development practitioners recognise and understand disability issues in any given program context. It aims to give practical guidance on how to ensure people with disabilities are included in international development programs. 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 program areas and sectors, and specifically WASH projects.

DDSP, Pursat

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

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 to include accessibility questions from the start of work’s design. The guideline shows how technical recommendations can be adapted to developing countries’ contexts, and provide tips on how to calculate the costs and make design decisions.

*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.

Ministry of Rural Development, Phnom Penh
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.

**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 (WASH). This booklet provides the curriculum and resources for a one-day training program.

This study provides an overview of how disability and ageing issues have been incorporated into water, sanitation and hygiene (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 programs, 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

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.

**World Vision**

**WASH Field Manual (2012)**
https://groups.google.com/forum/#!topic/watsan-sector-kh/k30cP_y3IcU

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 program and material of World Vision’s one-day awareness raising program. The program is designed to boost disability inclusion in development programs. It has been developed primarily for staff who have not considered disability inclusions before.