ANALYSIS OF INEQUALITIES

People with disabilities, garment factory workers, the urban poor, floating communities

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Introduction

WaterAid Cambodia is committed to developing a comprehensive understanding of inequalities in access to water, sanitation and hygiene (WASH). We have supported local rights organizations in documenting their WASH experiences, and marginalized groups in sharing their stories with key actors in the government sector.

This report captures the experiences of various groups in Cambodia who have compromised access to WASH: people with disabilities, garment factory workers, the urban poor, and floating communities. We explore who these people are, the precise issues that they face, and the mechanisms that underpin their exclusion from WASH programs and other relevant services.

We will continue to identify and pursue knowledge about additional marginalized groups, and to seek to understand the circumstances that may give rise to unequal WASH access.

People with disabilities

Who are people with disabilities in Cambodia?

WaterAid Cambodia prefers the definition of disability set forth in the UN *Convention on the Rights of Persons with Disabilities (UNCRPD),* which emphasizes a social approach rooted in human rights: “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.”

In 2008, the Cambodian National Census organized its first inquiry into the disability population. Five types of impairments were addressed (regarding vision, movement, speech, hearing, and learning difficulties).

WaterAid has focused on people with vision impairments (those with no sense of sight or light perception, those with blurred vision even with glasses, or those with vision in only one eye), and on people with movement impairments (those who lack a limb or are unable to use a limb normally, those with physical deformities, those who cannot move without the help of others or a mobility device such as a wheelchair, those who are unable to lift a small nearby object, and those with joint problems or a constant limp).

Disability is often underreported in Cambodia, and there is limited data available. The 2008 National Census identified 1.4% of the population as living with a disability. According to the 2014 Cambodia Demographic and Health Survey (CDHS), 10% of persons aged five and over have some form of disability. Difficulties in seeing, walking or climbing stairs, and concentrating are the most common types of disabilities reported. 5% of household members have difficulty seeing, 3% have difficulty hearing, 4% have difficulty walking or climbing stairs, and 4% have difficulties with remembering or concentrating. Only 1% of the population has at least some difficulty with self-care and 2% have difficulty communicating.

The prevalence of disability increases with age, from 2% among children a ged 5-14 to 44% among those aged 60 and above. The prevalence of disability is 13% among people aged 35-59.

Following decades of war and landmine-related injuries, there is a high prevalence of physical disability. According to the Cambodia Mine Victims Information System, in 2010, the country had the highest rate of amputees in the world, estimated to be 344 per 100,000. Incidence of disability is increasing due to road traffic accidents, illness, and an aging population. Between the national census 2008 and the inter-census population survey 2013, the total population increased by 9.6% while the population of people identified with disabilities increased by 56.7%.

People with disabilities are among the most marginalized. Their needs are often neglected, and the cycle that links poverty and disability is particularly ingrained. People with disabilities are more likely to experience a drop or loss of income, reduced economic opportunity, discrimination and social exclusion, and high health costs. Disability is also a consequence of poverty; poverty leads to insufficient nutrition and healthcare, and compromised access to water and sanitation.

What are the barriers to WASH and other services for people with disabilities?

Lack of accessible WASH facilities creates barriers to socializing, using public spaces, and attending meetings, school, or the workplace. It limits opportunities for people to earn a living, and exacerbates poverty and poor health outcomes. Some people with disabilities are unable to leave their homes freely and may be very isolated. Such isolation allows for the continuation of stigma and discrimination.

Physical barriers within the built environment such as uneven terrain, stairways, and lack of secure, enclosed sitting toilet or bathing facilities may prevent safe WASH access for people with disabilities, leaving some excluded entirely, and others susceptible to injury.

There are limited support services for people with disabilities; they may be dependent upon family members to carry water, provide personal care, or access a toilet. Personal hygiene is affected; many people with disabilities are forced to carry out unhygienic practices such as defecating in the bushes at night, increasing their risk of accidents and injury.

Financial barriers prevent equal access to WASH. People with disabilities may face limited employment opportunities, and find themselves without resources to improve their access to WASH.

Why are they excluded?

It seems little has changed since the Water, Engineering and Development Center (WEDC) published research in 2003 that revealed a dearth of resources focused on inclusive WASH, such as case studies and guides on creating partnerships and implementing inclusive projects. Little collaboration was found between the disability and WASH sectors at institutional and individual levels.

Given such a disconnect, exclusion may be perpetuated by the disability and WASH sectors themselves as a result of structures, policies, and practices within organizations, and due to a failure to include people with disabilities in program planning. Lack of participation by people with disabilities in programming and lack of general knowledge about disability among practitioners do not foster inclusive project design.

The cost of installing accessible WASH facilities is a barrier for people with disabilities, for their families, and for potential providers. Accessible facilities are considered a 'niche market', which may detract financial resources from 'mass sanitation' efforts. While a study (WaterAid, 2016) suggests that to make a school latrine accessible would amount to less than 3% of the overall cost, actors have reported an expense of up to 30% for such a project. This indicates a lack of clarity on the reality of financial constraints.

A scarcity of technical WASH knowledge within the disability sector, and of disability knowledge within the WASH sector is clearly a barrier. There are criticisms that certain designs are too expensive, or inappropriate within the Cambodian context. The Ministry of Rural Development (MRD), however, has published a bilingual Khmer/English guide to rural toilets with a section on adaptations for people with disabilities. This should help tackle bureaucratic inertia that is based, some have suggested, on assumptions that government lacks the technical know-how.

Cambodia's governmental policy framework now acknowledges the rights of people with disabilities and there has been progress in supporting people with disabilities to realize these rights. The National Guidelines on WASH for Persons with Disability and Older People is in place to promote accessible WASH.

The stigma surrounding disability, discrimination by disabled people's families and communities, and lack of motivation and initiative to promote inclusion remain among the most pervasive underlying factors in the continued exclusion of people with disabilities from WASH and other services.

Garment factory workers

Who are garment factory workers in Cambodia?

As of 2015, there were about 655 factories in Cambodia with 700,000 garment workers, 90% of them female migrants from rural areas. These workers typically migrate from rural areas between the ages of 18 and 25 to take on labor positions in which they work eight to 12 hours each day, six days per week, for $153 per month at minimum wage (as of 2017).

These low wages are insufficient to cover rising costs of rent and utilities, and many garment factory workers endure unsafe, uncomfortable living conditions.

What is the WASH situation and living conditions for garment factory workers?

Workers encounter poor health outcomes such as exhaustion, headaches, and intestinal problems due to excessive working hours in a polluted environment, malnutrition and insufficient food consumption, and lack of sanitation.

In a recent study, 60% of the female workers surveyed reported that their health had declined during the past year (WIC, 2017). Most female workers reported accessing healthcare services at a private clinic or a nearby pharmacy, rather than at the state's public medical facilities. 40% used clinic services, 37% went to pharmacies for healthcare needs, and those who accessed the state's hospital and health center accounted for only 6% and 10%, respectively. A worker might spend an average of 20,000 riels (USD5) for one treatment at a private clinic. For a severe case, they might spend more than 100,000 riels (USD20).

The workers acknowledged that clinic health service fees are more expensive at private clinics than at state health centers. They used private clinics because the service was efficient and physicians were friendly. It was easier than traveling long distances to use a state hospital, where service was slow and physicians unfriendly.

"In my opinion, going to the state hospital took us [a] longer time and some medics did not speak nicely, the medicines prescribed did not effectively kill the pathogens… if we go to the private clinic it is fast, they talked nicely, but we spent more," said one female worker.

"Some private clinics did not pay attention [to the patient] especially those who did not have enough money," another worker said.

Living conditions for the garment workers are poor. Rental rooms are small, poorly ventilated and waste is disposed of around buildings, emitting foul odors. 60% of workers indicated that they did not have proper space to dry their clothes at home.

"When entering the room, [I] start to turn on the electric fan; [I] cannot sleep without it; it is hot and stuffy; it is not like other residences in which [a] fan is not necessary, but we are poor and have to endure it; [in] some areas the rental fees are higher and we cannot afford it."

Nutrition is also compromised. Given demanding work schedules, workers may resort to takeaway meals that cost less and consume less time. These takeaway meals are often prepared under unhygienic conditions or methods.

"I witnessed during eating that in the soup there are fingernails and toenails... I saw a bunch of hair in the soup. I could not eat it; I vomited."

Workers reported using different sources of water to meet their daily needs: piped water (85%), river water (2%), and other sources (13%). Most use water directly from the tap (76%), some store it capped in concrete containers (8%), some store it uncapped (4%), and some keep it in a plastic container (3%). They treated water in various ways— some boiled it, others had access to filters, and others used raw water.

"I never drink from [the] tap, I take it from the factory, but I am not sure if the water is healthy; we don't have money to buy bottled water; we take a bottle of water a day from the factory; it helps us save money."

In their small rental rooms, it is difficult for workers to have separate areas for handwashing, going to the toilet, bathing, and cooking. Female workers reported washing their hands with soap after using the toilet (28%), before eating (26%), after eating (21%), before cooking (15%), and after washing and feeding children (7%).

Some workers had access to a toilet in each room (57%) and others used a public toilet (43%). In each rental block, there were four to 30 toilets accessed by up to 600 users, with an average of 34 workers sharing one toilet. Female workers using public toilets in open yards were afraid to bathe themselves.

"The bathing area is not appropriate as it was built in the open field. We are women. When we go to have a bath, men are standing, watching us..."

Nearly half (49%) of the public toilets had no proper roofing, lacked proper sanitation, and were characterized by the presence of flies, foul odor, or floating feces. Female workers of Chak Angre Krom reported that the public toilet was far from their rooms and without a functioning lock.

"The toilet is not clean. The metal roof is cracked and the nearby vendors also used the toilet; sometimes [when] they had menstruation, they did not put the sanitary napkins in a plastic bag, they hung it by the door... In heavy rain [the] sanitary napkins dripped… and the room got contaminated," said workers of Chak Angre Krom.

60% reported that the drainage systems in their areas were blocked. This blockage was caused by inadequate drainage and overcrowding.

"There are only two drainpipes, one in the north and the other in the south; the pipe is so small; it is blocked during heavy rain and the water overflows into the room."

Security was problematic for the workers given the state of their living facilities, in which doors and windows were weak, locks too expensive, and thefts numerous. 51% indicated that they had had possessions stolen from their rooms. 58% reported the presence of gangs in their neighborhoods. 85% of female workers said that although there was lighting in the alleys leading to their rooms, they still felt unsafe walking through long, quiet passageways where men could assault or harass them. 39% of female workers claimed that they had experienced sexual harassment, mostly in the form of verbal harassment (82%), and usually on the way to work.

In some instances, employers prepared accommodation for workers in accordance with national policy, although most employers paid workers $7 in lieu of providing accommodation. Rental fees (ranging from $20 to $45 per month) exceeded this amount, forcing them to rent smaller rooms in potentially unsafe spaces with lower living standards.

"The room is so small, but it is expensive. The salary is little. The rental fees go up from $50 to $60. How can we survive with this little salary?"

Landlords might charge 1,200 riels (USD 0.3) per cubic meter for water usage, 2,500 riels (USD 0.63) per cubic meter, or 3,000 riels (USD 0.75) per cubic meter. Some landlords charged more for water services according to the number of tenants, requesting $1 per person per month. In 2016, authorities in Chak Angre Krom demanded that landlords charge tenants no more than 1,200 riels (USD 0.3). They agreed, although some did not honor the agreement.

"The landlord said [that] before, they charged 1,500 riels (USD 0.75) for electricity service and they made [a] profit from it, so they did not charge [for] water service (water from well); now the electricity service costs 600 riels (USD 0.15) per KWH [and] they did not earn anything, so they charged $1 per [person] [for] water services."

Why are they excluded?

Garment factory workers face exclusion due to unique gender-specific factors (such as sexual harassment, the burden of menstrual hygiene management and other reproductive health needs). Their access to WASH and other services is further diminished by exploitation both in the workforce and as tenants. Employers may not provide for them fairly, and landlords may exploit their basic needs for profit. The workers, then, find themselves caught up in a cycle of poverty, exploitation, and exclusion.

Urban poor

Who are the urban poor in Cambodia?

In 2012, Cambodia's total urban population was estimated at 3.7 million people, over half of whom lived in the capital, Phnom Penh (MoP/UNFPA, 2012). The population has grown significantly since this time and is projected to increase to around eight million by 2030 (Kammeier, H.D., SinS., Tep, M, 2014).

One of the challenges is defining who 'the urban poor' are. For over 20 years, groups have used the term 'urban poor' with little or no agreement on what this actually means. In rural areas, the Cambodian Government, with support from the German development company GIZ, and the Australian Department of Foreign Affairs and Trade, have rolled out an identification of the poor programme (IDPoor) since 2006. This has led to the identification of poor households and the issuing of IDPoor cards, which enables people to access basic services. An urban module is being rolled out from 2016.

Five hundred informal settlements are reported in the three largest urban areas: Phnom Penh: 335 -340 (MPP, 2012 & Fukuzawa, M, 2014); Siem Reap: 68 (Goad, H., Meas. K, 2012); and Battambang: 66 - 104 (ibid & CMDP and LNGO report figure).

Focusing on particular communities in Siem Reap provides insights into the WASH conditions of the urban poor. Of 257 urban poor households in the Kokchock and Slakram communes in Siem Reap, the majority were women over 50 (CEDT, 2016). All self-identified as Khmer, and two identified as having a disability. Average monthly household income within the communities ($176) is above the gross national income per capita ($89). Household income of respondents surveyed in a recent study ranged from $45 to $600, which better exemplifies discrepancies within communities. Two of the most commonly reported sources of income were laboring (23% of respondents) and driving a motor taxi (16%). Job insecurity amplifies barriers to WASH access, and poor health outcomes are a common consequence. 59% identified themselves as healthy, while 31% described themselves as sick or weak.

What is the WASH situation of the urban poor?

Members of urban poor communities make use of groundwater. Groundwater in urban areas is often contaminated. This contaminated water is used for cooking and bathing, and bottled water is purchased for drinking. Households spend approximately $7 per month on water. Over half of respondents (53%) treated their water by boiling it. 26% of households did not treat their water. Contaminated water sources contribute to poor health outcomes. According to the CEDT WASH mapping report, high levels of open defecation (26%) combined with insufficient wastewater management are likely to increase the contamination of the surrounding environment. Most households did not have an adequate system for managing wastewater, connected to a pit or septic tank, or to the public drainage system. 43% of households paid a waste collector to dispose of solid waste. Inadequate disposal of wastewater and solid waste can increase the spread of disease.

Nearly 65% of respondents used pour-flush toilets, often shared between neighbors. Some households self-funded the construction of their own facilities. The average expenditure was $176, with individual sanitation facilities costing between $40 and $600. In communities with low average incomes, funding construction of latrines may be inordinately expensive. Sharing WASH facilities between neighbors can place greater pressure on social relationships, and render the facilities themselves more difficult to maintain.

Despite high rates of hand hygiene recorded in the urban poor communities, one-third of respondents reported that they had experienced diarrhoea in the preceding two weeks. Insufficient WASH provision is strongly correlated with the spread of infectious diseases like diarrhoea. Within informal urban settlements, outbreaks can be especially significant due to a scarcity of structured services, and close living quarters.

Why are they excluded?

Urban poor communities are particularly vulnerable to exclusion given habitation in locations not served by state provisions and infrastructure such as waste collection, clean water, and drainage facilities. The additional lack of economic stability, job security and land tenure reinforces poverty, further prevents access to WASH, and fuels resultant ill health.

Floating Communities

Who are the floating communities in Cambodia?

In Cambodia, an estimated 25 -45% of the population lives in 'challenging environments' such as flood-prone areas, coastal areas and floating villages (WSP, 2011). Most members of floating communities are ethnic Vietnam and Khmer, including Cham. Many members of floating communities are stateless residents of Cambodia. They do not carry citizenship papers such as identity cards or birth certificates and as a result they face difficulties in getting access to education, employment and housing.

Members of floating communities in Prek Toal, Mechrei, Twang, Kampong Prahok, and Peak Kanthiel generally rely on fishing as their main source of income, though some operate profitable shops. Families may own boats, fish cages, and televisions, given enough wealth.

Small, family-owned shops can be found in each of the floating villages. The shops typically stock goods such as snacks, household items, fishing net, and rope. Products are sourced from Siem Reap, Puoch, or Battambang. Customers may be wealthy, of the middle-income sector, or poor.

Large floating businesses are only found in Prek Toal village. They too are family-owned, with no hired employees. Products are sourced from multiples suppliers in Siem Reap. Customers come from all of the floating villages in the area, and are typically wealthy or of the middle-income sector. Goods include a greater selection of hardware materials, boat and engine spare parts, petrol, lumber and plastic goods.

Each floating village has builders who construct and renovate homes with additional laborers. Carpenter-builders may be hired to construct bathrooms or latrines. Wealthier families may purchase individual latrine pans.

What is the sanitation situation for floating communities?

"I really want to use [an improved] toilet very much, but I don't know how I can have one in my house here. I once used the toilet at the floating school. It is not as good as a toilet on land because the waste just flows into the water. But on land, when you flush, the shit goes away. And there is no smell!" – Mrs. Voan, Mechrei Village

Some homes have 'hanging latrines', from which feces go directly into the water. Others take a boat to defecate away from their homes, particularly where houses have been constructed closely together. Children defecate at the house when they are young, but begin taking a boat out for defecation at six or seven years of age. Many defecate by boat travel because of disgust with the sight and smell of feces near their homes and the discomfort that it causes neighbours. During the dry season, limited space on the water dictates that open defection must be practised on land. Many people do not appreciate this method because it renders anal cleansing more difficult.

Though defecation at home may elicit disgust, convenience is valued highly; most people do not want to take a boat out for defecation. They prefer a private toilet in their homes if waste can be contained and treated. For those who can afford it, the most desirable latrine design is one with wood siding and flooring, and a zinc roof. A latrine design with zinc siding and a zinc roof is cheaper and less desired, but it is an accepted cheaper alternative.

Barriers to improved WASH that particularly affect low-income families include potentially prohibitive cost, and a belief that better sanitation is 'for the wealthy'. Concern about sufficient floatation of bathroom facilities is a barrier for many families.

Why are they excluded?

Most families want home renovations to improve floatation capacity, roofing, and walls, preferably done by a skilled carpenter or builder. Establishment of toilet and WASH facilities is considered a desirable renovation. For poorer families who depend entirely upon fishing for income, building materials may be accrued gradually, and saving funds may be quite difficult. Cost of improved sanitation may be prohibitively expensive.

"But I want a fish cage more than a toilet. If I get that first, then I can make money from fish farming and then buy a toilet." Mrs. Voan, Mechrei Village

Conclusion

Challenges	Urban poor and garment workers	Floating Community	People with Disability
Social attitudes	Menstrual hygiene management is a taboo, therefore women, especially those working in garment factories, have problems managing their menstrual hygiene in a safe and hygienic way. Women may not feel comfortable speaking up about their difficulties.	Mainly Vietnamese floating communities experience stigma and racial discrimination from the predominant Khmer population due to historical hostility between Cambodia and Vietnam.	Stigma surrounding disability, discrimination by family and community, and a lack of initiative to promote inclusion remain among t he most pervasive underlying factors in the continued exclusion of people with disabilities from WASH and other services.
Physical and environmental	Inequality is on the rise. As a result, many Cambodians, especially the urban poor and garment workers who migrate from the countryside to seek economic opportunities in Phnom Penh, face various challenges due to their limited control over their livelihood and living conditions. Garment workers renting small rooms face WASH challenges due to limited investment in these facilities from the owners. For the urban poor, their lack of land tenure exposes them to the risk of eviction and may contribute to an unwillingness to upgrade their sanitation and hygiene facilities.	Due to the nature of floating communities, most are living in challenging environments. WASH services are limited and in some cases more expensive in challenging areas; therefore, accessibility to basic services is still an issue.	Lack of accessible WASH facilities creates barriers to socializing, using public spaces, and attending meetings, school, and/or workplace. It limits opportunities for livelihood, and exacerbates poverty and poor health outcomes. Some people with disabilities are unable to leave their homes freely and may be very isolated. Such isolation allows for the continuation of stigma and discrimination.

Challenges	Urban Poor and Garment workers	Floating Community	People with Disability
Institutional and policy-related	Policy measures have been introduced to reduce the water tariff for garment workers, however this does not always have the intended benefits as access to water is often mediated through landlords. Measures for addressing the sanitation issues faced by factory workers are not addressed in current policy frameworks or sector monitoring systems. Current large infrastructure investments in urban water and sanitation often do not address the specific needs of urban poor communities and as a result these communities do not benefit from investments.	Due to the above-mentioned historical hostility, most Vietnamese people who are living in floating community do not have legal citizenship. The Government is reluctant to provide services and assist them in obtaining public services including WASH.	Cambodia's policy framework now acknowledges the rights of people with disabilities and there has been progress in supporting people with disabilities to realize these rights. The National Guidelines on WASH for Persons with Disability and Older People is in place to promote accessible WASH. These various policy frameworks are yet to be fully implemented.

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