



Ministry of Rural Development

NATIONAL GUIDELINES ON WASH FOR PERSONS WITH DISABILITIES AND OLDER PEOPLE





Preface

The Royal Government of Cambodia's Ministry of Rural Development has developed the National Strategic Plan on Rural Water Supply Sanitation and Hygiene (RWSSH) 2014 - 2025. This National Strategic Plan priorities water supply, sanitation and hygiene (WASH) service development for the poor states that WASH projects and programs will consider the needs of persons with disabilities throughout all stages of their project/program cycles and include Disabled People Organisations in any consultation process, committee or advisory board.

The guideline on Water, Sanitation and Hygiene (WASH) for Persons with Disabilities and Older people is developed to support the implementation of commitments to inclusion made in the National Strategic Plan and ensure that provision of WASH services conforms to the Royal Government of Cambodia Law on the Protection and Promotion of the Rights of Persons with Disabilities and the Convention on the Right of Persons with Disabilities (CRPD).

We wish to express our sincere thanks to the Royal Government of Cambodia, the Disability Action Council (DAC), development partners, various International Non-Governmental Organisations and local Non-Governmental Organisation working in WASH and disability sectors and Disabled People's Organisation (DPO) who have shown strong commitment to cooperate with us in order to develop this guideline on WASH for Persons with Disabilities and Older people.

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Acronyms

BCC	Behaviour Change Communication
CFPs	Commune Focal Persons
CSP	Community Sanitation Plan
CBR	Community Based Rehabilitation
CLTS	Community Led Total Sanitation
CSES	Cambodian Socio Economic Survey
DPO(s)	Disabled People's Organisation(s)
DAC	Disability Action Council
DoSVY	District Department of Social Affairs, Veteran and Youth Rehabilitation
HI	Handicap International
LPPRPD	Law on the Protection and Promotion of the Rights of Persons with Disabilities
MRD	Ministry of Rural Development
MoSVY	Ministry of Social Affairs, Veteran and Youth Rehabilitation
MIPAA	Madrid International Plan of Action on Ageing
NHE	Non-Handicapping Environment
NSDP	National Strategic Development Plan
NGOs	Non-Governmental Organisations
OPA(s)	Older People's Association(s)
ODF	Open Defecation Free
PoSVY	Provincial Department of Social Affairs, Veteran and Youth Rehabilitation
RWSSH	Rural Water Supply, Sanitation and Hygiene
RECU	Reach, Enter, Circulate and Use
TOR	Term of Reference
UNCRPD	United Nation Convention on the Rights of Persons with Disabilities
VFPs	Village Focal Persons
WASH	Water, Sanitation and Hygiene



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1. Introduction and overview

1.1 Defining inclusive WASH for persons with disabilities and older people

Inclusive water, sanitation and hygiene (WASH) occurs when the entire community, including people with a disability, older people, pregnant women, ethnic minorities and other marginalised groups benefit and participate equally from WASH programs and processes. Inclusive approaches to WASH encourage awareness of and participation by all marginalised groups. Therefore inclusion is about ensuring that all are able to participate fully. Inclusion is not just about improving access to services, but also supporting people to engage in wider processes to ensure that their rights and needs are recognised.

Inclusion is fundamental to effective WASH services, ensuring WASH is accessible to all and user friendly - not only for persons with disability, but also for all members in the family and community including older people, pregnant women, children, persons who are sick or injured.

Inclusive WASH aims to meet everyone's needs. It does so by ensuring everyone has the opportunity to participate in planning and decision-making and can access WASH services and facilities. These guidelines focus specifically on persons with disabilities and older people, because they are two groups of people who may be at risk of being marginalised or excluded from WASH. Persons with disabilities and older people often experience similar challenges to accessing water, sanitation and hygiene in their daily lives. Older people may be frail or have limited mobility, making them dependent on others to access water, toilets or meet their hygiene needs, similar to persons with disabilities of all ages. WASH actors should take specific actions to include these groups and also to monitor that they are in fact being included in WASH.

It is important to remember that persons with disabilities have varied life experiences, and some may be more vulnerable or excluded than others. Women with disabilities for example, may be at great risk of poverty, violence and have additional WASH needs to men with disabilities.

1.2 Taking a human rights-based approach to inclusive WASH

These guidelines apply a human rights based approach to inclusive WASH for persons with disabilities and older people. Applying a human rights-based approach to disability and age in WASH recognises that all people have the right to actively participate in development programs on an equal basis with non-disabled and younger people. A human rights based approach to WASH applies six core human rights principles:

- Equality and Non-discrimination;
- Participation and Empowerment; and
- Transparency and Accountability.

Small steps count: You can start adopting a rights model to disability/age through small actions, based on what is feasible and the most relevant to your team and program. These Guidelines provide examples of small actions to make WASH more inclusive of persons with disabilities and older people using rights based approaches and principles.



A human rights based approach means promoting these core human rights principles by building the capacity of “duty-bearers” (Institutions, Government) to meet obligations and at the same time building the capacity of “rights-holders” (e.g. older people or persons with disabilities) to claim their rights. Applying a human rights based approach is more than simply adding persons with disabilities or older people to the target groups of development programmes.¹ It is about WASH programs working with both Government and communities to achieve better WASH outcomes. These Guidelines turn these human rights principles into practice.

1.3 Overview

The Ministry of Rural Development developed these guidelines to assist stakeholders, government agencies and non-governmental organizations (NGOs) working in the rural sanitation, hygiene and water supply sector in Cambodia to design and implement programs that benefit everyone in the community. The vision is for all stakeholders working in rural WASH to adopt inclusive approaches in all their programs. The guidelines aim to support the commitments to inclusion made in the National Strategic Plan for Rural Water Supply, Sanitation and Hygiene (RWSSH) 2014-2025. The guidelines focus on household and community WASH programs. Inclusive aspects of School WASH are covered in the Minimum Package for WASH in Schools.

The National Strategic Plan for Rural Water Supply, Sanitation and Hygiene (RWSSH) 2014-2025 prioritizes WASH service development for the “poorest and most underserved people” and states that WASH:

“projects and programs will consider the needs of persons with disabilities throughout all stages of their project/program cycles” and include “Disabled people’s organizations in any consultation process, committee or advisory board.”

It also directs the development and provision of RWSSH services to conform to the Law on the Protection and Promotion of the Rights of Persons with Disabilities.²

These Guidelines aim to assist WASH projects and programs to action these provisions of the Strategic Plan for RWSSH 2014-25.

1 CBM & BMZ; A Human Rights Based Approach to Disability in Development (2012) http://www.cbm.org/article/downloads/54741/A_human_rights-based_approach_to_disability_in_development.pdf

2 The National Strategic Plan for Rural Water Supply, Sanitation and Hygiene 2014-2015. 6.1.8 Poverty, minorities and vulnerability



1.4 Brief introduction to disability and aging in Cambodia

Persons with disabilities are estimated to represent 15% of the global population, and 20% of the poorest people living within developing countries.³ This makes persons with disabilities the largest minority group and also one of the most disadvantaged.

Accurate data on the prevalence of disability in Cambodia is difficult to obtain. This is due to different ways of collecting data. The 2009 Cambodian Socio Economic Survey (CSES) indicated that the prevalence of disability in Cambodia is 6.3 per cent of the population,⁴ whilst the 2013 Census found 2.1 per cent of the population had a disability, with incidence of disability being higher in rural rather than urban areas.⁵ However, given the history of conflict, high levels of poverty and poor health, some agencies predict that Cambodia may have one of the world's highest disability rates per capita.⁶ Road traffic accidents are increasingly a major cause of disability in Cambodia. There are rural and urban differences - major causes of disability in urban areas include road accidents and aging and malnutrition and illness are major causes in rural areas.⁷

The 2008 census showed 6.34% of Cambodians were aged over 60. This population is increasing and is expected to nearly triple in the coming decades.⁸ Women outnumber men and there are 69 older men for every 100 older women. Older people in Cambodia are usually thought to be cared for by their family, and are therefore a largely excluded group in development. There are many frail older people experiencing limitations associated with the ageing process, including failing eyesight, reduced mobility, which affects their access to water, sanitation and hygiene. Older women and men are vulnerable to both communicable and non-communicable disease and need to practice regular hygiene behaviour. Many older people, mostly women, are direct caregivers of their grandchildren due to the migration of adult children. Around 25% of older people live below the poverty line and can not afford to pay for water services⁹. Despite this, community development efforts often exclude older people and their contributions are invisible. For example gender programs usually target girls and women of reproductive age. Similarly, disability initiatives tend to focus on younger groups, despite the increase in disability with age.

3 WHO & World Bank. (2011). World Report on Disability, p. 29. Retrieved from http://www.who.int/disabilities/world_report/2011/en/index.html.

4 Cambodia National Institute of Statistics (2009) Cambodia Socio-Economic Survey. Retrieved on 11 November, 2014 from <http://www.nis.gov.kh/nis/CSES/Final%20Report%20CSES%202009.pdf>

5 Cambodia National Institute of Statistics (2013) Cambodia Inter-Censal Population Survey 2013 Final Report. Retrieved 3 November, 2014 at http://countryoffice.unfpa.org/cambodia/drive/CIPS_Report_English_Final.pdf

6 UN ESCAP (2002) Pathfinders: Toward Full Participation and Equality of Persons with Disabilities in the ESCAP Region. Retrieved on 3 November, 2014 from <http://wwda.org.au/wp-content/uploads/2013/12/pathfinders1.pdf>

7 Travis, R (2007) as cited in Ministry of Social Affairs Veterans and Youth Rehabilitation (2008) National plan on of action for persons with disabilities, including Landmine/ERW survivors. Phnom Penh, p. 5.

8 National Institute of Statistics (2012). Demographics of population ageing in Cambodia, 2012

9 2014 Cambodia Country Report



Historically, persons with disabilities have experienced stigma and discrimination in Cambodia.¹⁰ Persons with disabilities are often excluded from accessing WASH programs and facilities. Women and girls with disabilities may face disadvantage and powerlessness within the household and community and may not have accessible and safe sanitation and water options, or involvement in decision making about WASH.

The following table sets out Cambodian laws and frameworks on disability and older people and how these relate to WASH:

Table 1: Laws/Framework

	Laws/Frameworks	What it means for WASH
International agreement	Madrid International Plan of Action on Ageing (MIPAA)	Cambodia is a signatory to the MIPAA which promotes equal access to clean water (and safe food) for older persons and encourages investment in sanitation to support multigenerational communities.
International law	UN Convention on Rights of Persons with disabilities (UNCRPD)	As a State party the Cambodian Government (since 2013) must progressively provide the necessary access and range of supports needed for persons with disabilities to realise their potential and contribute to the social, economic and cultural life of their community and the development of their nation. It states that organisations responsible for the built environment, including those working to provide WASH services, have a key role in reducing attitudinal, institutional and environmental barriers (see Article 9 and 19).
Domestic law	The Law on the Protection and the Promotion of the Rights of Persons with disabilities (2009)	The LPPRPD provides for the right of persons with disabilities to be employed without discrimination in the public and private sectors in Cambodia, including the WASH sector. It requires that employers take reasonable steps to accommodate persons with disabilities in the workplace.
National strategy	National Disability Strategic Plan 2014 - 2018	It states that Government has responsibility to take actions to remove barriers and ensure a 'Non-Handicapping Environment (NHE)' and inclusion in all sectors, including WASH. It emphasises that everyone has a role to play in working together to achieve a society that enables persons with disabilities to maximize their full potential.

¹⁰ Thomas, P (for Department for International Development) (2005) Poverty reduction and development in Cambodia: Enabling disabled people to play a role. Disability Knowledge and Research. Retrieved on February 3, 2015 from http://r4d.dfid.gov.uk/PDF/Outputs/Disability/PolicyProject_cambodia.pdf, p.6



	Laws/Frameworks	What it means for WASH
Domestic strategy	National Strategic Development Plan 2014-2018	"Enhance Elderly Welfare and Enhance Welfare of persons with disabilities" is recognised as one of the "Key Priority Policies and Actions" in the NSDP 2014-2018. It also promotes the allocation of sufficient budget for WASH so that the entire population can access clean drinking water and sanitation.
Domestic Law	National Policy for the Elderly 2003	It highlights the responsibility of the Cambodian Government to support older people via social, health and economic sectors. It makes provision for the technical training of the health sector on the care of older people.
Domestic Law	National Policy and Strategy on The Elderly and Disabled Health Care 1999	It promotes policies to improve health for the elderly and persons with disabilities through health education including food, body, and environment hygiene.

Defining Impairment: Impairments are problems in body function or alterations in body structure – for example, paralysis or blindness.¹¹

Defining Disability: Disability refers to challenges faced due to a person's impairment, daily activities (i.e. walking or eating) and through discrimination faced in life (i.e. stigma and facing discrimination in access to information, employment or infrastructure). These are 'disabling barriers'. The disability experience results from the interaction of health conditions, environment and personal factors. These vary greatly; not all disabled people are equally disadvantaged. Differing personal factors include gender, wealth, ethnicity, religion, age, culture and available resources.¹²

Defining older persons: Older people are generally defined according to a range of characteristics including: age, change in social role (working less) and changes in functional abilities. The characteristic of age varies across different cultures and countries. In some countries 50 years defines older people, while in other countries it is 65 years¹³ and for Cambodia this is over 60 years old.

¹¹ WHO (2011) World Disability Report.

¹² WaterAid (2012) What the Global Report on Disability means for the WASH sector; available at: [https://www.google.com/search?client=safari&rls=en&q=WaterAid+\(2012\)+What+the+Global+Report+on+Disability+means+for+the+WASH+sector&ie=UTF-8&oe=UTF-8](https://www.google.com/search?client=safari&rls=en&q=WaterAid+(2012)+What+the+Global+Report+on+Disability+means+for+the+WASH+sector&ie=UTF-8&oe=UTF-8)

¹³ World Health Organization. Definition of an older or elderly person. Geneva, Switzerland: WHO; 2010. <http://www.who.int/healthinfo/survey/ageingdefolder/en/index.html> (Access date 22nd November 2010)



2. Three key actions for inclusive WASH for persons with disabilities and older people

This section introduces fundamental principles and how they link to practice. It sets out the human rights based approach as underpinning three key actions to implement accessible WASH:

- Action 1 - The key principle of participation.
- Action 2 - The ways to identify persons with disabilities persons with disabilities and older people at the outset of the WASH program cycle
- Action 3 - The four types of barriers to participation in WASH and key steps to overcoming barriers.

2.1 Action 1 - Ensuring participation of persons with disabilities persons with disabilities and older people in WASH

Participation highlights the need for persons with disabilities and older people to be brought into the WASH process in such a way that they can directly influence decisions. This can result in reducing the stigma associated with disability and ageing as well as ensuring that WASH infrastructure and processes meet the needs of everyone.

Partnerships should be formed with persons with disabilities and older people to empower them to access their right to WASH. This can be done by:

- working with organisations that represent and are made up of persons with disabilities, such as Disabled People's Organisations and Self Help Groups for persons with disabilities and with Older Person's Associations (OPAs) and OPA Federations at the community and district level.
- collaboration and/or partnerships with families of persons with disabilities and older people, wider support networks, disability service providers and community leaders and non-government organisations that already have expertise in working with older people and persons with disabilities, where they have a role in supporting the empowerment of persons with disabilities and older people in WASH.

Partnering with Disabled People's Organisations

The National Strategic Plan for Rural Water Supply, Sanitation and Hygiene 2014-2025 states that WASH programs must include Disabled People's Organizations (DPOs) in "any consultation process, committee or advisory board". This section provides an introduction to the role of DPO's and their structure in Cambodia. A secondary option for partnering with the disability sector is through Community Based Rehabilitation (CBR) programs. This is described in more detail below. This section also sets out the roles and responsibilities of different stakeholders.



What is a DPO?

Disabled Person's Organisations (DPOs) are representative organisations or groups of persons with disabilities, where persons with disabilities constitute a majority of the overall staff, board, and volunteers are well-represented in all levels of the organisation. In Cambodia there are DPO's at the National, Provincial and District/Commune levels, who are linked up by a network.

DPO members may also include family members of persons with disabilities and whether this is full or associate membership varies in different contexts/different organisations. The primary aim of these organisations is empowerment of members and advocating for their rights and interests as well as helping to build their awareness of their rights and capacity towards achieving a life with dignity.

Annex 1 contains contact information for Cambodia's National DPO who can then help you contact provincial and local DPO's. There are many ways to work with DPO's. Some DPO's may be able to:

- Partner with WASH organisations to do situational analysis, barrier analysis, accessibility and safety audits and solution analysis and raise awareness among community leaders;
- Provide advice and guidance on disability inclusion in WASH including correct terminology;
- Provide information on the situation, experiences and data of people with disabilities;
- Use their networks to disseminate information or link up persons with disabilities to your WASH program;
- Provide training and capacity building with your teams on the rights of persons with disabilities;
- Provide you referral information, so if your team identifies a member of a household with a disability, you can refer them to support services.

It is important to remember that DPO's may have very limited capacity and resources. They may never have had any training and experience in WASH. This does not mean they do not have valuable expertise. Some DPO's may want to learn more about WASH. All DPO's will have their own strategic priorities so it is important to remunerate any time they give you. Above all, DPO's are the representative organisation for persons with disabilities. So if WASH programs are to ensure participation of persons with disabilities, WASH stakeholders must collaborate more with DPO's to mutually build each sectors capacity.

Linking up with Community Based Rehabilitation programs

Another strategy for engaging with the disability sector is through Community Based Rehabilitation (CBR) programs. CBR is a strategy adopted in Cambodia since the early 1990s. CBR is a strategy for rehabilitation, equalization of opportunity, poverty reduction and social inclusion for persons with disabilities. Sometimes CBR programs can include WASH services. CBR projects take place within the community, with referral services to district, provincial and national levels where necessary and appropriate. It is important to know the local CBR programs in your program area so you can refer persons with disabilities to their service. CBR programs can help you identify persons with disabilities in the community because they have a register.



DPO Structure in Cambodia



Diagram 1: DPO Structure in Cambodia

Older People's Associations (OPAs) and OPA Federations

OPAs are community-based organizations led by older people, that address the social, physical, economic and health concerns, and improve the well-being of older persons and their households through social welfare and rural development actions. OPAs have existed in Cambodia since 1998 and the Ministry of Social, Veterans and Youth Rehabilitation issued a directive for the establishment of one OPA for each commune of the country. OPAs were established to fill the gap in social support for older people that were left following the years of civil war and political instability, which had severely weakened traditional institutions such as family, region and community. OPAs provide an opportunity for older people to come together, socialise and help the most vulnerable older people in the community. OPAs are a platform for excluded community members to voice their needs, gain better access to services and engage actively with commune councils and other local agencies. Clusters of five OPAs can group together to form a federation, which brings OPAs together to voice older people's issues and contribute to community development.

OPAs are an important partner and resource in developing and delivering age-inclusive WASH programs. OPAs help to ensure that the voice of older people about WASH issues are heard, and that their knowledge is incorporated into designing age-inclusive WASH development projects. OPAs provide a mechanism for delivering WASH services and provide linkages to older people in their communities, including the most vulnerable and frail older people.



Roles and responsibility of Government Institutions on disability and older people

There are a number of Government institutions that can also be partners in inclusive WASH programs. The key Government institutions responsible for issues relating to disability and aging in Cambodia are described below:

National level:

The Ministry of Social Affairs Veteran and Youth Rehabilitation (MoSVY) is responsible for coordination and implementation of Social Affairs, Veterans and Youth Rehabilitation related programs and their mandate is to:

- Enhance welfare for the victims and vulnerable people and family affairs
- Enhance child welfare and youth rehabilitation
- Enhance welfare of persons with disability
- Enhance welfare of older people
- Enhance social security for civil servant
- Enhance welfare of veterans
- Enhance institutional capacity and strengthen partnerships

The Disability Action Council (DAC) is the national coordination and advisory mechanism on disability issues and its mandate is:

- To provide technical advice on disability and rehabilitation issues;
- To assist the relevant ministries institutions and organizations in developing policies, national plans and strategies related to disability and rehabilitation;
- To promote the implementation of policies, laws and other regulations related to disability and rehabilitation issues

Sub-national level:

Provincial Departments of Social Affairs, Veteran and Youth Rehabilitation (PoSVY), a line department of the Ministry, is responsible for coordination and implementation of Social Affairs, Veterans and Youth Rehabilitation at the sub-national administration which assist the District Department of Social Affairs, Veteran and Youth Rehabilitation (DoSVY).

2.2 Action 2: Identifying persons with disabilities and older people at the outset of the WASH program cycle

This section provides practical approaches to identifying persons with disabilities and older people. A common difficulty experienced by WASH service providers is identifying persons with disabilities and older people during the planning stage to then include them in the WASH program.

This section provides suggested key questions and tips to identify persons with disabilities and older people using:



1. Key informant interviews
2. Community meetings and consultations
3. Household surveys/data collection processes

In each of these approaches, if the question “Does anyone have a disability?” is asked, a lower number of people experiencing disability will be identified. Research shows that community leaders and community members will often say “No” for various reasons (such as stigma, not being familiar with the term ‘disability’, or thinking this only means people with certain types of impairments).

A different approach to overcome this challenge is to leave out the term ‘disability’ and instead ask whether anyone in the household or community has difficulty walking, hearing, seeing or remembering. Here are 4 questions which you can ask during a key informant interview, community meeting and in a household survey to identify whether people have an impairment:

1. *Do you have difficulty seeing, even if wearing glasses?*
2. *Do you have difficulty hearing, even if using a hearing aid?*
3. *Do you have difficulty walking or climbing steps?*
4. *Do you have difficulty remembering or concentrating?*

If a person answers ‘Yes’ to any of the above, you then need to ask how often they experience this difficulty to find out if it is a permanent disability (rather than a temporary injury):

How often do you have difficulty: Some of the time? OR All of the time?

How to use these questions and opportunities to raise awareness on the rights of persons with disabilities and older people are discussed further here:

Key informant interviews

Key informant interviews are a good way to identify persons with disabilities and older people both when doing usual situational analysis interviews (such as with Community leaders and OPAs) and with additional informant interviews with the disability sector (DPO’s and CBR programs). Ideas include:

- Community leaders: when planning the WASH program together, include questions on persons with disabilities and older people. For example, find out how many older people and persons with disabilities live in their community, where they live and what programs exist to support them.
- Local DPO: ask how many persons with disabilities are in their network and living in the WASH program area.
- Community-based OPAs: ask the OPA to identify the older people in their community and any specific needs within the group.
- CBR /disability service providers (such as rehabilitation centres): ask how many persons with disabilities are in their network and living in the WASH program communities.



Community Meetings

Where a WASH program holds community consultations to do planning together, it is important to invite persons with disabilities and older people and their representative organisations (DPOs and OPAs) to participate. If they have not joined the meeting, it is important to discuss this with the community to raise their awareness and to find solutions to increasing their participation. This is an opportunity for WASH programs to:

- Seek the community's help to finding out where persons with disabilities and older people are living. Ask the participants each of the four questions about their fellow community members. Ask the community why they may not have attended the meeting. Find out where they live and ask the community leader to help you arrange follow up meetings with them.
- Raise the community's awareness about the rights of persons with disabilities and older people and the importance of including them in the WASH program from the start.

Household Surveys

A related difficulty is in measuring whether a WASH program is in fact including persons with disabilities and older people, through disaggregation of data.

Where WASH programs do a baseline household survey to collect information about the participants in their program/community, the survey may ask "Does anyone in the household have a disability? Yes/No".

A different approach to overcome these challenges is to avoid using the term 'disability' and instead ask whether anyone in the household has difficulty with basic functions such as walking, hearing, remembering or seeing – see the 4 questions in the box above. You can record people's impairment age, and gender. This allows you to disaggregate data by disability at baseline. You can then compare access to WASH for those with an impairment to others in the community of the same age and gender who do not have an impairment.

2.3 Action 3 - Assessing barriers to promote inclusion of persons with disabilities and older people in WASH

This section aims to help organisations undertake the first step of finding out what prevents older people or persons with disabilities from participating in and accessing WASH. This is commonly referred to as the "barriers" to accessing WASH. The second step is to then identify the solutions, or "enablers" to accessing WASH.

There are four types of barriers which can mean people cannot access WASH:

- Attitudes,
- Physical environment,
- Communication and information,
- Institutional processes, legislation and policies



Barriers can be avoided or overcome by a number of strategies. Central to these strategies is the participation of persons with disabilities and older people and/or representative organisations (DPO's and OPA's). They can help to identify and analyse barriers and find new solutions.

Below are some examples of typical barriers found in Cambodia and possible solutions to overcome them. These are provided as examples only and it is important that barriers are assessed in a participatory process and solutions identified in the community. At the end of this section there is a participatory activity guide to identify barriers and solutions with communities during WASH processes.

Barrier 1: Attitudes

The attitudes that people hold towards persons with disabilities and older people can be one of the most significant issues preventing them participating and benefiting from WASH.

Some common attitudes may be:

- that persons with disabilities and older people have no capabilities
- people acquire disabilities because of wrong doings in a past life (karma) or cursing
- it is possible to catch disabilities by sharing facilities
- persons with disabilities are dangerous, unethical and/or unpredictable
- that older people should just be looked after by their families or by the pagoda

These attitudes can lead to behaviours towards persons with disabilities and older people that discriminates against and excludes them, such as:

- exclusion from decision-making within families and in the communities
- exclusion from social participation in their communities and within the family
- exclusion from using public water supplies that others use
- hiding away of persons with disabilities due to shame and fear they could have negative impacts on family status

Solutions to address Barrier 1: Promoting positive attitudes

- programs should include persons with disabilities and older people in the planning, implementation, and evaluation of activities where possible, including the participation of DPO and OPA representatives, and representatives from NGOs that already have expertise in working with these groups. Any different needs within these groups should also be taken into account (e.g. women with disabilities managing their menstruation hygienically and efficiently).
- training programs/workshops for project staff, community leaders, institutional staff (school, health) on disability awareness. Training is best delivered with the participation of DPO and OPA representatives, and representatives from NGOs that already have expertise in working with these marginalised groups.
- communication initiatives that positively promote persons with disabilities and older people and raise family, community and public understanding of disability and ageing issues (such as theatre, public education events, social media and so on)



- exposure to persons with disabilities through interaction, such as inclusive workplaces, meetings, joint activities with DPOs, and through depicting persons with disabilities in WASH promotional materials, to promote the capabilities of persons with disabilities alongside people without disability
- modelling positive behaviour towards persons with disabilities and older people by project staff

Barriers 2 & 3: Physical environment and communication and information

The physical environment can change whether someone with a disability or an older person can participate and access WASH or not. Examples of the impact of barriers to WASH include:

- raised toilet facilities that only have stair access in schools/workplaces can prevent people who have difficulty walking or use wheelchairs from attending school/work, and impacting on their ability to participate in education and economic development more broadly.
- inaccessible and distant WASH facilities may force some people with physical disabilities or vision impairment or limited mobility to crawl on the floor to use a toilet or defecate in the open, and/or use their hands to find the latrine opening. This results in poor hygiene and can risk the health and safety of persons with disabilities and older people as well as affect their dignity and self-esteem.
- Raised platforms around community tube wells may mean that people with a disability and older people are unable to reach the well to collect water for themselves.

This is the same for communication and information:

- How messages are communicated can either enable people to participate or create barriers. For example, a person who has a vision impairment may be excluded if hygiene behaviour-change information is only provided in a visual format and does not provide the same information in an audio format.
- There is also a general lack of information available for older people and people with disabilities at the community level about safe water and hygiene practices.

Solutions to address physical and communication and information barriers

- Sharing of resources (e.g. accessible technical designs, communication techniques, awareness toolkits) to support generating solutions.
- Training and support for staff who are working on inclusive WASH for the first time. This is an ongoing process, and is absolutely critical, as the situation of persons with disabilities and older people is explored in target populations through comprehensive barrier analysis and awareness of the issues faced by persons with disabilities and older people. Increased understanding of the enabling factors, challenges and misconceptions will become more evident to WASH staff throughout the process, therefore continued support is critical.
- Accessible WASH technical design must be developed before construction to ensure it meets universal design in real practice. One way of doing this is to apply the RECU principle. Other way is to use the Accessibility and Safety audit tool. See page 41 or link: <http://www.inclusivewash.org.au/resource-library-inclusive-wash-training-materials>.



Solutions to address communication barriers:

- Clear, frequent and visible signs displayed at eye level, preferably with raised letters which can be felt, identifying the location of facilities. Provide and present information in different formats and methods including: visual and audio and plain language information (e.g. brochures, posters, pictorial representation of concepts, radio announcements, etc.) about WASH.
- Represent persons with disabilities and older persons in communication materials to show that they are part of the community and should be included.
- Engage OPAs to communicate messages to older people in their communities.
- All written information used in WASH programs must consider accessibility by using: large font and colour contrast of 70% and higher; easy to read language; pictorial and audio information and signage which can be understood through touch. Please see Behaviour Change Communication section for more details page 32.

Barrier 4: Institutional processes and policies

Institutional processes and policies are integral to provision of enabling environments for older people and persons with disabilities across all of the above areas. Barriers to WASH can be caused by, for example:

- Building standards which are designed based on the needs of persons without disabilities (i.e. not adhering to universal design principles – see the box below); and
- Lack of allocated resources for and training of WASH staff in inclusive approaches to WASH can lead staff to exclude persons with disabilities and older people without meaning to.
- Lack of knowledge of universal design principals, and lack of organizational strategies to include persons with disabilities are a significant barrier

Box 1: RECU

Unbroken Chain of Movement (RECU)

RECU is a principle which can help WASH practitioners working on facility design to consider how people Reach, Enter, Circulate and Use WASH facilities:

- **Reach:** moving around the community to get to the WASH services a person may need to use from their home. For example, affected by pathways, linking pathways, slopes, transport systems, signage, contrast color and tactile floor surface.
- **Enter:** being able to get inside a WASH facility that a person wishes to use. For example being affected by steps, ramps, handrails, door width and door handles.
- **Circulate:** being able to move about inside the WASH facility: For example affected by corridors, thresholds, door widths, resting places, signage and dimensions (eg you need a minimum internal space of 1500mm x 1500mm to enable a person using a wheelchair to turn and maneuver).
- **Use:** being able to use the WASH services and facilities: for example affected by dimensions and design of internal furniture and communication e.g. height of tap, type of tap, signage.



Solutions to Barrier 4

- Develop accessible designs and guidelines and train local masons on construction
- Disability and ageing awareness training for Boards and senior management of organisations to build support for inclusive approaches leading to budget allocations for these activities
- Review project cycle and processes and make alterations where needed.
- Develop an organizational strategy for disability inclusive WASH approaches
- Consider progressive adaptations of existing WASH infrastructure to make it more accessible, in line with the Convention on the Rights of Persons with Disabilities (CRPD).

Box 2: Universal Design Principles

Universal Design Principles¹⁴

Universal design means that products, environments, programs and services are able to be used by all people, to the greatest extent possible, without the need for adaptation or special design (UN Convention on the Rights of Persons with Disabilities). Ensuring accessibility standards through applying principles of universal design leads to a safer environment for everyone including children, women who are pregnant, people carrying heavy loads, people who are elderly, people who have a medical condition or a temporary impairment or injury and persons with disabilities.

Applying the seven universal design principles will support practitioners to better meet the needs of as many users as possible.

Principle 1: Equitable use

Design that is useful and marketable to persons with diverse abilities.

Principle 2: Flexibility in use

Design that accommodates a wide range of individual preferences and abilities.

Principle 3: Simple and intuitive use

Design that is easy to understand, regardless of the user's experience, knowledge skills, or concentration level.

Principle 4: Perceptible information

Design that communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

Principle 5: Tolerance for error

Design that minimises hazards and the adverse consequences of accidental or unintended actions.

Principle 6: Low physical effort

Design that can be used efficiently and comfortably and with a minimum of fatigue.

Principle 7: Size and space for approach and use

Design that provides appropriate size and space – for approach, reach, manipulation, and use, regardless of the user's body size, posture or mobility.

14 The Australian Agency for International Development (2013). Accessibility Design Guide: Universal design principles for Australia's aid program. Canberra, AusAID.

**Box 3: Participatory Barrier Analysis****Practical Activity: Participatory Barrier Analysis**

To assess and understand the barriers explained above, one option is to carry out a participatory barrier analysis with a group of community members. This can be done as part of CLTS, BCC or water supply program activities. It not only helps WASH programs to collect information on what the barriers and solutions are, but it can also contribute to the development of an accessibility action plan and to raise awareness within the community.

A participatory barrier analysis is where a group of community members conduct an appraisal of water and sanitation facilities in a mixed group of women and men with and without disabilities from a range of ages. Participants discuss the barriers to accessing water and sanitation and categorise them into the four barrier categories (described above):

- Attitudes and behaviour of family or society, social practices, traditional beliefs.
- Environmental: physical barriers in the natural or built environment;
- Communication: barriers to accessing information, education and communication;
- Institutional or organisational: e.g. national laws, policies, strategies; implementation practices of an organisation, staff capacity, lack of information, etc

The group then discusses and suggests solutions to these barriers.

Here is an example of what a participatory barrier analysis may look like:

	Barriers to WASH	Solutions to WASH
Attitudinal	<ul style="list-style-type: none"> • Discouraged from using shared toilet • Teasing/bullying • Isolation in family • Not allowed to fetch water 	<ul style="list-style-type: none"> • Run awareness campaigns or training with community • Target different leaders in community to drive social change (religious leaders)
Physical	<ul style="list-style-type: none"> • Long distance to toilets. • Lack of privacy • Nothing to hold onto. • High steps • Narrow doors 	<ul style="list-style-type: none"> • Nearer toilets • Toilets with seats • Handrails • Private toilets (with locks)
Communication	<ul style="list-style-type: none"> • Pictures and materials are too small • Facilitators difficult to hear 	<ul style="list-style-type: none"> • Design materials in multiple formats, including large font and images • Training for community facilitators on effective communication



	Barriers to WASH	Solutions to WASH
Institutional	<ul style="list-style-type: none">• Lack of information on accessible options• Lack of consultations with persons with disabilities and older people	<ul style="list-style-type: none">• Develop accessible guidelines & training to local masons• Provide demonstrations of accessible toilets



3. Community Led Total Sanitation (CLTS): Inclusive approach

Minimum Standards: Accessible Sanitation

1. A range of accessible latrine designs which use universal design principles should be available for families to choose from and new designs are shared throughout the sector
2. Persons with disabilities, older people and their families should be involved in the design and location of latrines
3. Latrines should be located in easy to access locations, considering terrain, pathways to latrines, and distance of latrines to the houses of older people and persons with disabilities
4. Persons with disabilities, older people and their families should contribute to building of latrines alongside their peers in whatever ways possible (for example people with physical disabilities can contribute to management of supplies, older people with vision impairments can do planning tasks etc.)
5. Due to the link between poverty and disability, and potentially less labour power available in the family, flexible community mechanisms should exist which allow for extra support in terms of financial and labour contributions to latrines for families of persons with disabilities and older people
6. Persons with disabilities and older people should be positively depicted in sanitation promotion materials

“CLTS triggers the community’s desire for collective change, propels people into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability”.¹⁵ A core aspect of CLTS is ensuring that “awareness is raised that as long as even a minority continues to defecate in the open - everyone is at risk of disease”. Including everyone is also important for the achievement of CLTS goals.

Program staff should consider the cross-cutting issues of disability, gender, and age when devising behaviour change programs such as CLTS.

The following are entry-points for inclusion of persons with disabilities and older people in CLTS with reference to the process steps and tools of the MRD National Guidelines on CLTS (2015).

See Action 3 for practical ways to identify the barriers to CLTS for persons with disabilities and older people. Action 3 can be done in the pre-triggering and post-triggering stages of CLTS.

15 2015 Cambodia National CLTS guidelines



3.1 Pre-Triggering

See Action 2 for practical ways to identify persons with disabilities and older people at the outset of your CLTS program. It is important that community facilitators leading CLTS in the community have had training and taken part in awareness raising activities about disability inclusion and reaching older people.

- Modelling positive terminology about impairments, disability and older age is important. If the community is using negative labelling of persons with disabilities within the community, gently provide alternative ways of communicating. e.g. "Can I know your name, sir/madam, I would prefer to know your name than use a disability to identify you," "did you know that in Cambodia Disabled People's Organisations (the organisations that represent persons with disabilities) prefer the use of the term 'Pikarheap' when describing a disability? ...we prefer to use that term in our work."

CLTS Orientation to Commune Focal Persons and Village Chiefs

- During orientation meetings with Commune Focal Persons (CFPs) and village Chiefs, inclusive approaches should be introduced and explained, i.e. that the success of the program will require the participation of all people in the community, including women, men, women and men with disabilities and children with and without disabilities.
- This will include discussing logistical considerations about where and when is best to hold the meeting, discussing with leaders if the location is physically accessible to all people. If physical access is a challenge consider:
 - How the venue can be adapted to promote inclusion,
 - Asking to meet individually with those who cannot reach the meeting place at that stage, or
 - Arranging for representatives to be sent to the meeting that will pass on information to the people who cannot attend.
- The way that different people are discussed is important. The term "people with disability" may not be understood in the community or have stigma attached to the term. Sometimes it is more helpful to say: "in order to help us to plan our meeting well we would like to know if there is anyone in the village who has difficulty seeing? Anyone who has difficulty hearing a conversation? Anyone who has difficulty walking, particularly up stairs? Anyone who has difficulty communicating/ understanding information?"

3.2 Triggering

For practical ways to improve participation of older people and persons with disabilities see practical steps under Action 1.

The triggering process stimulates a collective sense of disgust among the community members as they understand the negative impacts of open defecation. This information should be communicated in a



way that is accessible to all people, including persons with disabilities and older people. It can lead to greater exclusion if they are not included.

- If there are persons with disabilities and older people who are not at the meeting, facilitators should arrange with the community members who will pass on the information to the person with disabilities and/or conduct a household visit to deliver the information.
- In the getting started/rapport building stage of the triggering process - be sure to observe how the community communicates. Who does the talking, who sits where, what are the dynamics/relationships that you observe that could enable/hinder people being included in decision making later.
- When the members of the facilitation team sit/stand at different places, mix with villagers, try to connect people with the lead facilitator, ensuring that facilitators observe and support input from women and men with disabilities and older people (such as by pointing out that this person has something to say; "please listen to him/her").

Application of triggering tools

Community self-analysis of defecation practices and their impact

There are seven triggering tools which assist community self-analysis and which should be accessible to all people in the community. A range of different facilitation methods can also be used to improve accessibility for different impairments, for example: picture, sign and audio materials. Factors to consider when making information accessible:

- Facilitators should verbalise all of the information provided during the triggering process - including where tools involve visual demonstrations (for example, say "I am now putting a hair in the faeces, and now I am putting it in a bottle of water..." as the actions take place). This will ensure people with vision impairment can access the information too.
- Where there are community members who have difficulty hearing (people with hearing impairment, including older people), ensure that they have a seat at the front of the meeting where they can hear and best see the activities take place. And also allocate time for a translator and/or family member where possible to assist communicate messages to people with hearing impairment to make sure they participate equally.
- Assisting and modelling that all people should have input on providing their household information for analysis. E.g. facilitators can include a person with mobility disability or vision impairment by asking them to verbally guide the staff member in drawing their household/community features.
- Ensure persons with disabilities and older people are involved in the transect walks - giving all people the choice to participate and to discuss where the walks will go. Do not make assumptions about the capacity of persons with disabilities and older people to participate in transect walks - ask them if they require assistance to attend.
- Transect walks with women to explore menstruation hygiene practice and awareness - women and girls with disabilities should be included in this and may or may not require individual support.
- When discussing which households have a latrine and which don't - ensure that facilitators question whether all people within the household can use that latrine, not assuming that because there is a latrine everybody is able to use it.



- Monitor if there is attendance by any persons with disabilities, older people as well as women and children with disabilities, remembering that any community could have between 10-15% of its members with a disability.

Note 1 - triggering with children in schools¹⁶

Children with disabilities may not be in schools due to inaccessible infrastructure or lack of awareness of teachers of how to adapt teaching methods to be inclusive. It is important to identify where children with disabilities are not in school and ensure they have access to the same information as those in school.

3.3 Post-Triggering

See Actions 1 and 2 on ways to identify and improve participation of persons with disabilities and older people in community planning activities.

The community planning activities should include all people in decision-making. Facilitators should monitor and ask themselves:

- Are persons with disabilities and older people being included in Community Sanitation Plan (CSP) development?
- Is the community checking who might need support to construct latrines (e.g. people with physical, learning/intellectual, or vision impairments, older persons, female/youth headed households) and are they consulting with that person regarding the assistance they would prefer

3.4 ODF follow-up activities

See Action 1 for practical tips on improving participation of persons with disabilities and older people in community activities.

Follow-up activities can be strengthened by community activities such as action plans, technical advice on latrine construction, and financial support links.¹⁷ This should include:

- When there is planning and training for community follow up by Village Chiefs, VFPs, CFPs and CLTS facilitators, it could include discussing how facilitators might inquire about the access of the whole household to sanitation, including persons with disabilities and older people.
- Interpersonal support to households from staff may be required to ensure that women, men, boys and girls with disabilities are able to have input into the location and design of the latrine (i.e. addressing/negotiating power relationships within the family that may disadvantage one user over another).
- Providing information about different types of latrines that work in the local context to ensure people can access the latrine - promoting options that will enable use across the a person's life cycle - e.g. most accessible options for children, older persons, persons with disabilities, and pregnant women.

¹⁶ 2015 Cambodia National CLTS Guidelines

¹⁷ Kar and Pasteur 2012



- Information, education and communication materials which specifically address issues commonly experienced by persons with disabilities and older people in the particular context are useful to support practical needs.

Access to technology options and sanitary hardware

- Include sanitation businesses in disability awareness raising and encourage universal accessible design principles - emphasizing the benefits and usability of the whole community throughout a person's life cycle. Ensure accessible WASH facilities are written into contracts or Memorandums of Understanding with design and construction partners.
- Triggering community action through promotion of Pride and Competition - this could include an award for universal design principles - the most useable latrine design.
- Including examples of persons with disabilities and older people in all media for improved sanitation and CLTS implementation to demonstrate the expectation that all people should be involved in the process.
- Ensure that linkages have been made with disability-specific services which can provide support/technology information specific to persons with disabilities e.g. information about and provision of assistive devices that assist menstrual hygiene for women with a physical impairment.

Technical designs for latrines, including specification and drawings are available in the Handicap International Manual tested in Cambodia- Handicap International (2008). How to Build an Accessible Environment in Developing Countries – Manual #2: Part 1 &2.

3.5 ODF verification process

See Action 1 for practical ways to improve participation of persons with disabilities and older people and Action 2 if you need practical ideas on how to identify them.

When assessing ODF status check that persons with disabilities and older people have adequate access to sanitation and hygiene. Interviews with older people, women, the poorest households and persons with disabilities about their experience of accessing sanitation are determining good way to make a WASH program more inclusive.

Ensure that persons with disabilities and older people are included in ODF celebration activities, such as story sharing and merry-making. This means recognizing the input of all people in the community and different ways this has been achieved.



4. Sanitation Marketing: Inclusive approaches

Minimum Standards: Accessible Sanitation Marketing

1. Persons with disabilities, and older people should be included as participants in sales events
2. Women and men with disabilities and older people (and pregnant women) should be depicted in promotion materials related to sanitation, to represent the diversity of communities
3. Products, materials and services related to sanitation should be available and affordable for persons with disabilities, older people and pregnant women.
4. Prototypes of accessible designs of sanitation products should be included in sales events and made available to consumers/community members

“Sanitation marketing is the application of the best social and commercial marketing practices to change behaviour and to scale up the demand and supply for improved sanitation, particularly among the poor.”¹⁸

National guidelines relating to sanitation marketing are not yet available in Cambodia, therefore this section provides guidance in more general terms than the section on CLTS. Furthermore there is very little documented experience from other countries on how market-based approaches work for persons with disabilities and older people. For this reason this section should be taken as a starting point for generating ideas and piloting in this area and should be regularly reviewed and updated as new lessons emerge from practice.

4.1 Working with sanitation businesses and sales agents

For sanitation businesses and sales agents to become interested in this area they need to be convinced that they can make sales to households with people with a disability and older people. This can be done by:

- Helping businesses to understand the size of this segment of the market. DPOs and OPAs can explain to businesses how many potential customers live in their working areas. Also explain that in almost every household there is an older person, someone with a disability or a pregnant women.
- Identifying sanitation businesses who may have a person with a disability in their family or be caring for an older person and working with them to identify solutions.

18 WSP (2011) Introductory Guide to Sanitation Marketing; available at: <http://www.wsp.org/sites/wsp.org/files/publications/WSP-Introductory-Guide-Sanitation-Marketing.pdf>



4.2 Developing a marketing plan and strategy

Formative Research

Formative market research may be conducted to inform the design of sanitation marketing programs. Persons with disabilities and older people should be included in this research and this can be done in the following ways:

- Specifically reference disability and older people in the research questions, objectives and research Terms of Reference (TOR).
- Ensure the research team understand a human rights approach to disability and ageing in the context of the research. They may require some training.
- Consider having persons with disabilities and older people on the research team - this helps to develop good partnerships, and may also improve the participation of persons with disabilities.¹⁹ OPAs also collect data and information on older people within their villages which can be used.
- Ensure best practice approaches to identifying and including persons with disabilities and older people in surveys, focus groups, as key informants etc. are included in the research design – see Action 2 for recommendations on how to do this.
- Specifically inquire into the sanitation practices of persons with disabilities and older people.
- Explore whether disability and older persons has been considered by sanitation businesses and masons.
- Determine if local businesses stock different types of latrines or modifications which may increase accessibility to persons with disabilities, frail older people, heavily pregnant women and those who are sick/injured available.

See Action 1 for practical ways to include DPOs and OPAs as stakeholder groups when designing the research.

See Action 2 for practical tips on how to identify persons with disabilities and older people to include them in the formative research.

Marketing mix: Product

During the product development phase:

- Remember the universal design principles and that universal design does not significantly increase costs. (see page 18 or Box 2)
- Consider designs that are easy to use for the widest range of people? Is there room for innovation to make low cost accessible toilets?²⁰

¹⁹ Other research in Cambodia and elsewhere has shown that persons with disabilities were more comfortable with data collectors who also had disabilities and revealed more detailed information. Having persons with disabilities as data collectors was also reported to have positive outcomes on the attitudes of the community in regards to persons with disabilities.

²⁰ It has been found that accessibility is not expensive when it is incorporated in at the start with good design principles.



- Consider whether accessibility features be modularised and added to a standard toilet over time. For example additional features that can be added such as hygienic tactile markers or guide ropes, handrails, balance sticks, raised toilet seats etc.

See Action 1 for practical ways to work with DPOs and OPAs to gather examples of modifications made by persons with disabilities and older people and consider these in the design process.

Marketing mix: Price

Keeping in mind that disability is linked with poverty, it is important that accessibility is affordable.

- Work with DPOs to link persons with disabilities to microfinance organisations. In many instances, persons with disabilities report less access to microfinance than their peers without disabilities.
- Encourage microfinance organisations to provide credit with low interest rate to persons with disability and older people.
- Consult with OPAs about options for older people in their village for financing WASH products.
- If needed, consider whether there are ways to introduce subsidies for more expensive latrine designs or assistive devices, such as a raised toilet seat, in ways that strengthen the local sanitation market, for example through the use of a voucher program.

Marketing mix: Place

- Sales events should be held in locations that are easily accessible to everyone.
- DPOs and OPAs can coordinate with sanitation sales agents to ensure they make visits to households with people with a disability and older people and share information on inclusive designs.
- DPOs can place group orders with sanitation businesses for all persons with disabilities or older people in their working area.
- DPOs can also hold a stock of assistive devices which they can sell to members.

Marketing mix: Promotion

- Persons with disabilities and older people should be actively represented as part of the promotional campaign. This can be done by positively representing persons with disabilities and older people, and a range of people using accessible toilets in promotional campaigns and messaging.
- To assist with this, promoting inclusion should be highlighted in the communication brief when developing materials.
- Promotion should be conducted in multiple mediums so that people with a disability and older people do not 'miss the message'. Multiple communication modalities also enhance messaging for everyone as people differ in the form of communication they are most receptive to.
- Partnerships can be created for promotion, for example DPO, OPA and CBR networks who know and connect a range of persons with disabilities and older people at a community level, can be drawn on to spread sanitation messages, and link persons with disabilities and older people with sanitation suppliers.
- Highlight the benefits of inclusive designs in terms of comfort, ease of use and quality by explaining how such latrines can be used by everyone throughout their life cycle (e.g. greater usability for persons with disabilities, frail older people, heavily pregnant women, children, and people who are temporarily sick or injured).



5. Accessible Handwashing stations

Minimum Standards: Accessible Handwashing initiatives

1. Persons with disabilities and older people should be involved in the planning, design and location of handwashing infrastructure, including soap dispensers.
2. Handwashing infrastructure should be accessible, and designed based on universal design principles (see page 18 or Box 2), where required adaptations to designs should be made for persons with disabilities.
3. Monitoring processes include checking whether older people or persons with disabilities are using handwashing facilities and have received information about handwashing.
4. Accessible handwashing innovations should be shared across the sector.

It is important that efforts to improve handwashing reach everybody in the household and community, including persons with disabilities and older people. It is also important that family members and carers who are assisting persons with disabilities and older people with personal care and other daily tasks practice handwashing at critical times.

Accessible design and location of handwashing facilities

This section provides practical tips for accessible design and location of handwashing stations.

See Action 1 for practical steps to improve the participation of persons with disabilities and older people in the design and location of handwashing facilities.

When ensuring that households have a convenient and logical place where all handwashing materials are available, it is important to take into account the needs of all household members, including persons with disabilities and older people. For example, an older person who is frail and has difficulty walking may be less likely to use soap if it is too far away from the water source. An older person with poor vision needs to know exactly where the soap is to use it. Consideration should be given to all aspects of design from location of handwashing stations, the pathway to reach it and where the materials are stored.

This table sets out possible barriers and solutions to accessing handwashing stations. WASH programs should use participatory barrier analysis tool to design handwashing programs. See Action 3 for practical steps on how to do a barrier analysis. Also participatory accessibility and safety audits are a good way to identify barriers.

**Table 2: Barriers & Solutions to Handwashing**

	Barrier	Solution
Location of handwashing station (Can everyone in the household get to the handwashing facility?)	Handwashing station is too far from toilet/house Path to reach the handwashing station is difficult to follow	Locate handwashing station closer to toilet/house Include a ramp with concrete path, to the handwashing station Include guide ropes, handrail or tactile edges to make pathway easier to follow
Design of handwashing station (Can everyone in household use the handwashing facility?)	Tap-stand is too high Difficult to reach into water jar to take out water	Design height of tapstands to be lower Consider alternative designs such as dipper with long handle
Soap storage (Does everyone in the household know where to get soap and can reach it?)	The soap at the handwashing station is difficult to reach No knowledge of where to get soap (shop) or unable to independently get soap	Make sure soap is easy to find, at a lower height, put in the same place every day Raise awareness when talking to families that everyone in household needs to access soap. Some family members may need to purchase soap for others.

At the community-level, handwashing infrastructure such as tap stands, tippy-taps, water jars should be designed to be accessible to people with different types of impairments or limited hand skills. Community facilitators should encourage community members to think about accessibility features. They should be trained in simple design adaptations to make handwashing facilities more accessible, such as lower tippy-tap heights for easier access by people using wheelchairs; extend the handle on water dippers to easily take water out of jars.

Accessible handwashing promotion

Behaviour change communication on handwashing with soap at critical times often uses media, films, flip charts, posters and other materials to promote handwashing. These may be difficult for older people or people with different impairments to see, read or understand. It is important to produce materials in different formats. Some simple examples include:

- Use larger font and larger images in campaigns;
- Create tactile pictures which people can feel, rather than see;
- Use visual and audio mediums



This is explored further in the Behaviour Change Communication (BCC) section below.

It is critical to make sure community events include persons with disabilities and older people. See Action 2 for tips on identifying persons with disabilities to increase participation in community events. Collaboration with local DPOs or CBR programs and OPAs to join events such as Global Handwashing Day is an effective way to engage persons with disabilities and older people and reach otherwise excluded people.

OPAs and OPA Federation leaders are also educating their members and community about safe water and hygiene practices and assisting to raise awareness and change behaviours in their villages.

When using child-centred approaches, such as school-based campaigns, remember that children with disabilities may not go to school and may not receive the same handwashing messages as their peers who attend school. Check if there are inclusive education facilities or special schools nearby and run handwashing activities there too.

Community health promoters doing follow up should make sure they speak with older people and persons with disabilities to monitor whether they are included in the handwashing initiatives and whether there are existing barriers.



6. Behaviour Change Communication (BCC): Inclusive approach

Minimum Standards: Accessible Behaviour Change Communication

1. Behaviour change activities are inclusive and accessible to all people, and more than one modality of communication should be used (pictures and verbal descriptions for example)
2. Persons with disabilities and older people should be positively depicted in hygiene related promotional materials to show the value of inclusion
3. Accessible and inclusive behaviour change communication approaches should be shared across the WASH sector.
4. Persons with disabilities and older people should be included in any hygiene scoping and assessment. This includes menstrual hygiene for women and girls with disabilities.

Cambodia's National Guidelines for Behavior Change Communication for Rural Sanitation and Hygiene in Cambodia (MRD, 2015) focus on three key behaviours:

1. Adoption of a household toilet by rural households;
2. Handwashing with soap at critical times (before preparing food, before cooking, before eating, after defecating, and after cleaning a baby's bottom) by rural households, in particular caretakers of children under five; and
3. Safe and consistent consumption of household water by rural households.

This section provides tips for including persons with disabilities and older people in BCC which can be used across these three areas of behaviour change.

WASH programs should consider the communication needs of older people and persons with disabilities. For example, an older adult may process information at a slower pace; have less working memory (the ability to process multiple bits of information at a given moment); and have difficulty in comprehending some messages.

It is important that WASH programs take steps to make sure:

- The behavior change communication meeting should take place close to where persons with disabilities or older people live.
- Persons with disabilities and older people receive behaviour change communication along with all community members;
- Persons with disabilities and older people are depicted in a positive way in BCC materials.
- Appropriate representatives of older people and persons with disabilities are utilised where possible to assist to communicate messages appropriately and credibly to target audiences. For example, OPAs and OPA Federation leaders educate their members and community about safe water and hygiene practices and assist to raise awareness and change behaviours in their villages.
- See Action 1 for practical ways to improve participation of persons with disabilities and older people. Also see Action 2 for practical steps to identify persons with disabilities and older people at the outset of your behaviour change campaign.



6.1 Accessible information

Older people may learn new information at a slower rate. Also their reaction and response time also increases significantly after 65 years of age. Rushing an older adult to learn or demonstrate a new skill can lead to anxiety and refusal to try for fear of shame and failure. Teaching/interactions should be slow and deliberate. People with different impairments may need to receive information in a different format.

Facilitating community and one to one behaviour change sessions

The facilitator should consider the most suitable time of the day for interaction:

- Mid-morning is often considered the best suited time for old adults for learning as energy levels are still high
- Give-away materials are recommended as these can reinforce the messages and make up for some short-term memory loss. These should be:
 - Easy to read
 - Large script
 - Have high contrast between paper and text
 - On non-glare/glossy paper

If a message is delivered too rapidly, it may be difficult for someone with a hearing or vision impairment, or learning disability. Some approaches include:

- Speak at a slow measured pace to allow listeners to pick out the message; pauses between instructions give time to understand and act on the information.
- People with hearing loss are at an increased risk or disadvantage if spoken announcements are not loud enough, or if the pitch is too high or too low.
- Avoid using vague concepts (such as: adequate, several, frequently, often). Instead, when communicating with an older man or woman, be specific in relation to order, time, duration and frequencies.

Older people may struggle with multitasking. A large amount of new information at one time can be counterproductive:

- The amount of new information should be limited to 3-5 points and given enough time to 'sink in'.
- Repetition can make up for some of the short-term memory loss.

Vision

- More light is needed to see, but harsh light, direct sunlight and glossy papers should be avoided as old eyes are sensitive to glare.
- Older people have difficulties in distinguishing differences between greens, blues and shades of purple – these colour combinations should be avoided.



Hearing

- Male voices, or low pitched voices, are easier to hear for older adults compared to higher pitched (often women's) voices.²¹
- Environmental noise and background noise should be avoided.
- The communicator should always face the audience and articulate, make sure to not cover mouth when talking.

Using Images

- Pictures can be marked or raised using string glued to the outlines so that people with vision impairment can identify pictures independently.
- Pictures should be verbalised. This means that the facilitator names the pictures out loud, as they are introduced to the group so that people with vision impairment are aware of each picture at the same time as others. Ensure that participants are encouraged to do the same, including in small group activities. e.g. Describe what you are doing as you do it..."I am picking up the picture of a toilet."

BCC uses positive images to represent older people and persons with disabilities

Use visuals which represent older adults in a positive way, avoiding stereotype cartoons. Where there are pictures showing family life and activities, ensure that persons with disabilities (men, women, boys and girls) and older people are also represented in the pictures.

This might mean using a picture of a person using a wheelchair, or a person using a white cane, a person who has a crutch/walking stick, a person who has one leg, a person who uses a sign language interpreter, a person who needs help learning, etc. For example, include persons with disabilities or older persons who may be dependent on assistance when using the toilet, include a person with disability and an elderly person as part of the pictures showing family and/or community.

21 This is not related to loudness, but pitch of voices. Therefore, shouting is not recommended as it can be interpreted as offensive.



7. Water Supply: Inclusive approach

Minimum Standards: Accessible water supply

1. The water needs of persons with disabilities, older people and their carers should be explored in planning phases, as it can differ from other community members.
2. Persons with disabilities, older people and carers should have formal input into water system planning and governance, preferably alongside their communities, recognising that many persons with disabilities, older people and carers may have additional water needs, and simultaneously have less access to water.
3. Water infrastructure should be accessible and use universal design principles (see in the box above in section 2). Adaptations to designs should be made where required for use of access. Monitoring of construction of community water points to ensure the infrastructure meets universal design standards. This might require training of contractors or those responsible for construction.

This section sets out how water supply initiatives can be more inclusive of persons with disabilities and older people to improve their access to water along with others in their community. This section examines three key aspects for accessible water supply:

- Assess the barriers to accessing water supply
- Participation of persons with disabilities and older people in design processes
- Accessible design of water supply infrastructure

Scoping and analysis of barriers to accessing water supply

The key first step (as set out in Action 3) is to collect information about the barriers to accessing water supply faced by women and men with disabilities and older people.

Water supply sources might be difficult for persons with disabilities and older people to access. Therefore it is important for water supply to be designed, implemented and monitored to overcome barriers to access. Examples of barriers include:

- Water supply sources are at a distance and older people might be too frail to walk this far and have to rely on family members to bring them water
- People may have difficulty using water pumps due to difficulty using hands or lack of arm strength
- Squatting down to collect water at the water source site might be difficult for people with limited mobility (and pregnant women)
- Transporting water back to the household can be difficult for older people who are frail
- Persons with disabilities may not be allowed to fetch water due to discrimination
- Lack of consultation with persons with disabilities in design processes

One approach is to use the participatory barrier analysis tool (see Action 3) to collect information about the barriers and solutions to accessing water with members of the community.



Once the program has collected this information, it can be used to design a more accessible water supply system and program.

Participation in design processes

As set out in Action 1, additional steps are required to ensure persons with disabilities and older people are included in the decision-making processes, particularly in community meetings. For example, a community member with a physical disability may not be able to attend a community planning meeting because it is too far away or the venue itself is not accessible.

From the outset, when planning community meetings and consultations:

- Identify persons with disabilities by speaking with the local DPO and community leaders (see Action 1 and 2) and identify older people by speaking with the local OPA;
- Invite older people and persons with disabilities to join community meetings. This may require help from DPO and OPA networks and community leaders, to make sure they receive information about a meeting;
- At community planning meetings, make sure diverse groups of people are speaking up and being listened to (e.g. women and men of all ages, women with disabilities);
- Monks and other religious leaders can play a role in design processes and awareness raising about disability.

Accessible design

Persons with disabilities and older people themselves are best to advise on accessible designs. Below are some suggestions, but also see Action 3 for practical ways to do a Barrier Analysis. Any water supply program should consult first to ensure accessible designs (see Action 1, 2 and 3).

Siting and location of facilities: A common barrier for persons with disabilities and older people is that the water source is too far or it is difficult to get to (e.g. slippery pathway). Siting and location of new water sources must take into account accessibility for persons with disabilities and older people, such as distance from household, wide and safe pathways, and guide ropes.

Technical design of water sources: Simple changes to the designs of water sources (handpumps, platforms and ramps) can improve usability and accessibility for older people and persons with disabilities. A set of manuals has been developed by Handicap International which provide technical drawings and costs which have tested in Cambodia.

Here is an overview of considerations:

Apron access and layout: A wide concrete ramp to access the apron will improve accessibility (avoid steps). The apron itself must have a wide circulation area. See technical drawings in HI Annex.



Pump handles: people with limited mobility or strength may benefit from differently designed pump handles (See technical drawings in HI Annex).

Lifting water containers: a water resting stand near the water collection point makes lifting water from the floor easier (accessibility and safety audits can help identify the appropriate height).

Transporting water: smaller containers may be easier for people with limited mobility to carry water.

Accessing stored water: Consideration must be given to the height of the water jar or container or bucket, how easily water can be taken out by people who have limited strength or mobility. Also whether the water is stored inside the house or outside, which can make it more difficult to access.

Box 4: Build an Accessible Environment in Developing Countries

How to Build an Accessible Environment in Developing Countries: Manual #2 Access to water and sanitation facilities (part 2 Open Washing Areas and Water Points) by Handicap International, 2008.

This resource provides technical drawings and costs on universal design for open washing areas and water points in Cambodia on the following:

- Washing areas with pumps and/or wells
- Washing area equipped with water pump
- Washing area with low platform
- Washing area with well and hand winch

Open washing areas with jars or water tanks

- Washing area with water jar
- Washing area with concrete pipe
- Washing area with gravity fed system

Access to water – rivers, lakes and water pools

- Wooden deck
- Dock in reinforced concrete



8. Monitoring and evaluation WASH for inclusion of persons with disabilities and older people

This section provides two question guides to incorporate into regular monitoring and evaluation processes which can be helpful to:

- Monitor whether a WASH program is more inclusive of persons with disabilities and older people;
- Evaluate how effective a WASH program is at including persons with disabilities and older people

Disaggregating data by disability, gender and age and using it to monitor access to WASH for persons with disabilities and older people is important. It means not just measuring access to facilities, but also the use of facilities, hygiene behaviour and outcomes of the impact of WASH activities on the situation of women and men with disabilities and older people.

Setting Targets for Inclusive WASH

At the outset of the WASH program, once baseline data collection and analysis of barriers have been done, the WASH program can set targets to improve accessibility of WASH for persons with disabilities and older people. These targets can then be monitored throughout the WASH program implementation and later evaluated. Some examples of targets on inclusive WASH are:

- Increase accessibility of latrine facilities
- Increase accessibility of handwashing promotion materials
- Reduce numbers of people who are not able to access and use facilities
- Increase the participation older people or persons with disabilities at community meetings
- Increase the active roles of older people or persons with disabilities
- Improve staff knowledge of disability inclusion

Sharing information with the sector

There is currently very little evidence of the barriers and enablers to WASH for persons with disabilities and older people in Cambodia. To address this gap, WASH agencies can share information with the sector collected during M&E about barriers and enablers for persons with disabilities and older people to WASH and can promote best practice through existing WASH networks.

8.1 How to monitor inclusion and accessibility

Participatory accessibility and safety audits are a practical monitoring tool (see below). An accessibility and safety audit is a practical discussion between the WASH organisation installing the WASH facilities and the users — men and women, people with different impairments and older people. They can be used to improve understanding of barriers and solutions to accessible latrines, water points and handwashing facilities.



Box 5: Accessibility and Safety Audit

Monitoring Tool: Accessibility and Safety Audit

Accessibility and Safety Audits are a participatory methodology to either monitor or evaluate the level of accessibility and safety of an existing water and/or sanitation facility and its surround.

Materials: pens, paper, tape measure and camera (optional)

The audit identifies simple changes to facilities and their surrounds that can improve their usability for persons with disabilities and older people. Below are the key steps in conducting accessibility and safety audit.

Step 1: Partner with a local DPO and OPA. Identify and work together with a DPO and OPA.

Step2: Select the facilities to be assessed and form an audit team made up of community members with and without disabilities.

Step3: Train the audit team on how to conduct the audit. The DPO and OPA members may need simple training on how to conduct an audit. Break into smaller groups and assign roles to the team members of those who will do the measuring, those who will record accessibility and draw diagrams.

Step 4: Assess the journey to the facility. As a team, assess the journey to the facility (such as whether the path is wide enough). Record your findings and discuss solutions as you go.

Step 5: Assess the facility. As a team, assess the facility itself and record the findings and discussion. Include safety elements as well (e.g. is it light inside, do the doors have functioning locks).

Step 6: Developing solutions. The final step is to develop solutions. As a team, create a list of possible solutions. As an organisation, group these into immediate, middle and long-term solutions and prioritise them.

Key questions can be embedded into existing monitoring systems to track progress on reaching and including persons with disabilities and older people in WASH. Below are two question guides, one for regular monitoring of WASH programs and the second is for evaluation of WASH programs.

Monitoring: A question guide for regular monitoring of inclusion-aspects of WASH programs

Monitoring planning and design phase

- Have staff had training on including persons with disabilities and older people in WASH?
- Are persons with disabilities and older peoples' needs regarding water, sanitation and hygiene clear?



- Have you investigated the disability-inclusion and older people issues related to water, sanitation and hygiene provision and use in the project area? Where are persons with disabilities and older people located in the WASH project area?
- Did you use a disability inclusive perspective to gather information? Have you consulted with the local DPO and OPA?

Monitoring during implementation

Location, Design and Accessibility

- Does the budget include lines for disability-inclusion and age-inclusive activities?
- Does the design and location of water, sanitation, and hygiene facilities reflect the needs of women and men, boys and girls with disabilities and older people?
- Are toilets and water points situated in such a way that physical security of both young and older women and girls with disabilities is guaranteed?
- Is the location close to home and is the path well accessible and well lit?
- Do persons with disabilities and older people frequent / use the Water, Sanitation or Hygiene facilities?
- Are separate toilets for women and men, boys and girls constructed, maintained, and accessible to women and men, boys and girls with disabilities and older people (e.g. in schools, work places, public places)?

Participation, empowerment and decision making

- What are the effects of the WASH project on persons with disabilities and older people? (See Most Significant Change monitoring tool below).
- Are young and older women with disabilities involved in the planning (including location, design and quality) and management of water, sanitation and hygiene services?
- Are women and men with disabilities and older people making decisions along with other members of the community? (See Participation Ladder monitoring tool below).
- Is the WASH meeting place accessible to persons with disabilities, older people and pregnant women?

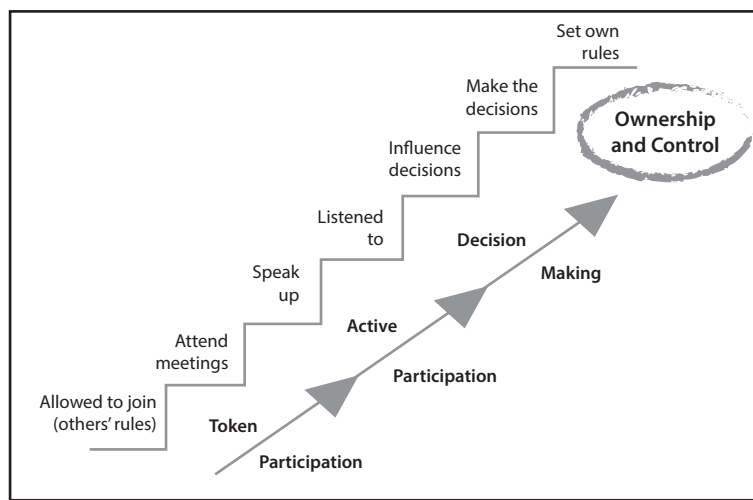
Behaviour Change Communication

- Does behaviour change communication address the needs of persons with disabilities and older people?
- Have messages been promoted through disability groups/organisations, any existing institutions specifically for persons with disabilities and older people (special schools, vocational programs, etc.) and disability and rehabilitation services?

**Box 6: Participation Ladder**

Practical monitoring tool focused on empowerment and decision-making:: Participation Ladder

This tool aims to monitor how effectively women and men with disabilities and older people feel like they are participating and involved in decision-making. The diagram below illustrates the different levels of participation. The diagram is to help the person carrying out the interview to assess where the person is on the participation ladder. This tool can be used frequently, such as quarterly.

**Levels**

Level 0: Token participation

Level 1: Active participation

Level 2: Decision making

Level 3: Ownership and control

Definitions:

- Allowed to join: The respondent received an invite to the community meeting
- Attend meetings: The respondent physically attended the meeting, training or consultation
- Speak up: The respondent raised issues/concerns/questions if they had any
- Listened to: The respondent feels that he/she was listened with attention by the rest of the participants and that her/his issue/concern/question was understood
- Influence decisions: A decision was made that addressed or responded to a issue/concern/question of the respondent
- Make decisions: The respondent was able to make a decision him/herself or vote to approve or reject a group decisions.



Box 7: The Most Significant Change Story

A monitoring tool focused on effects of a WASH program for persons with disabilities and older people: The Most Significant Change Story

An effective monitoring measure to assess whether WASH access has improved for women and men with disabilities or older women and men, is identifying the most significant change story.

Stories of significant changes are told by people in the community. Once the stories have been captured, selected groups read out the stories and have an in depth discussion about the value of these changes. They then agree which story is the most significant. Facilitated discussions can be held in the community with the storytellers present (if consent is given), within the project team or with key stakeholders involved in the programme. This process encourages an analysis of the outcomes and impacts on users rather than merely on outputs.

8.2 How to Evaluate: A question guide for evaluating inclusion-aspects of WASH programs

Organisational aspects:

- Is expertise in inclusive development, water, sanitation and hygiene education available in the organisation, project or program team?
- Are women and men with disabilities and older people fully involved in the organisation (consider partnerships with other organisations and within the organisation's own workforce) and have internal discriminatory factors (i.e. staff attitudes) been addressed successfully?
- Are there any constraints for women and/or men with disabilities and older people to access and control over resources?
- Are there any disability related policies in the organization?

Disability impact assessment:

- Will the program objectives and activities have an impact on existing inequalities between women and men, boys and girls with disabilities and older people?
- How will the program affect women and men with disabilities and older people? E.g. will their work burdens be increased or decreased; their health be affected; economic benefits reached? Is there gender balance in the burdens and benefits?
- Disability and age-specific monitoring and evaluation: Do you measure and monitor for separate effects on women, men, girls and boys with disabilities and older people compared with other people without disabilities and younger people? How?



Technology and resources:

- Does the technology used reflect women and men with disabilities' and older people's priorities and needs?
- Is the technical and financial planning for ongoing operation and maintenance of facilities in place? And how are women and men with disabilities and older people involved?

Empowerment and decision-making:

- Is women with disabilities' and older women's capacity developed and their participation in meetings encouraged?
- Are women and men, boys and girls with disabilities and older people enabled to acquire access to relevant information, training and resources?
- Within disability and age groups is there gender balance in decision-making?

