Our study was conducted in Gaibandha and Rangpur districts. These were chosen because WaterAid and other large NGOs implement disability-inclusive WASH interventions there, and WaterAid has strong relationships with government officials in the districts.

**Government officials and service providers working in Dhaka, Gaibandha and Rangpur districts**

- **Women with disabilities (18-65+ years)**: 9
- **Men with disabilities (18-65+ years)**: 6
- **Female caregivers**: 4
- **TOTAL**: 28

**Participant type**

**Study site**

Our study was conducted in Gaibandha and Rangpur districts. These were chosen because WaterAid and other large NGOs implement disability-inclusive WASH interventions there, and WaterAid has strong relationships with government officials in the districts.

**Background**

Attention is given to improving people with disabilities access to water, sanitation, and hygiene (WASH) services and providing accessible information in Bangladesh’s WASH-related policies and plans. Yet not all references to disability within these included well-defined activities to achieve them, so policy implementation might not match the identified aims.

**Methods**

This is a qualitative study in Bangladesh’s Gaibandha and Rangpur districts, that aims to explore the implementation of WASH policy commitments to people with disabilities. We purposively selected government officials and service providers working in these districts and Dhaka, women and men with disabilities, and female caregivers living in the districts. In-depth interviews, PhotoVoice and ranking, were applied in person. Data were analysed thematically using Nvivo 12.

**Results**

Government officials demonstrated a solid commitment to disability rights and rehabilitation; they and service providers believed that people with disabilities should have access to WASH services. However, few efforts to improve disability rights included WASH, and few WASH activities systematically included disability. National and district WASH data were not disaggregated by disability, making tracking equitable progress difficult. Few people with disabilities could access or use WASH services independently at home, meaning they did not bathe or use the toilet as often as required and relied on caregivers. Most participants cited affordability as a critical barrier to improving WASH at home. We found examples of Organisations of Persons with Disabilities participating in WASH sector meetings. However, accounts of individuals with disabilities participating in WASH meetings or interacting with WASH organisations were rare. Consequently, very few people with disabilities and caregivers were aware of their right to water and sanitation or had demanded them even though structures exist.

**Conclusion**

Our study shows that WASH and disability are considered and implemented in silo, so many people with disabilities fall through the gap and remain unserved. All references to disability in Bangladesh’s WASH-related policies and plans must include clear and concrete activities to achieve them. Efforts must be monitored and evaluated to ensure activities are implemented as planned.

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