

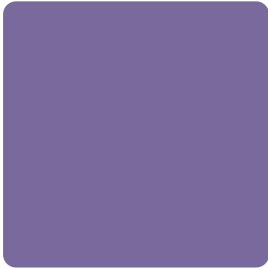


(C) WaterAid/ Drik/ Suman_Paul

Miraj (7) who depends on his mother usually shares happy moments of his daily life with his mother.

Translating disability-inclusive WASH policies into practice: lessons learned from Bangladesh

Research Report



Acknowledgement

We thank all the participants who participated in this study and shared their experiences with us.

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Abstract

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 few references to disability included well-defined activities to achieve these, so policy implementation might not match the identified aims.

Methods

This is a qualitative cross-sectional 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 nine government officials and service providers working in these districts and Dhaka, 15 women and men with disabilities (aged 18-65), and four of their 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

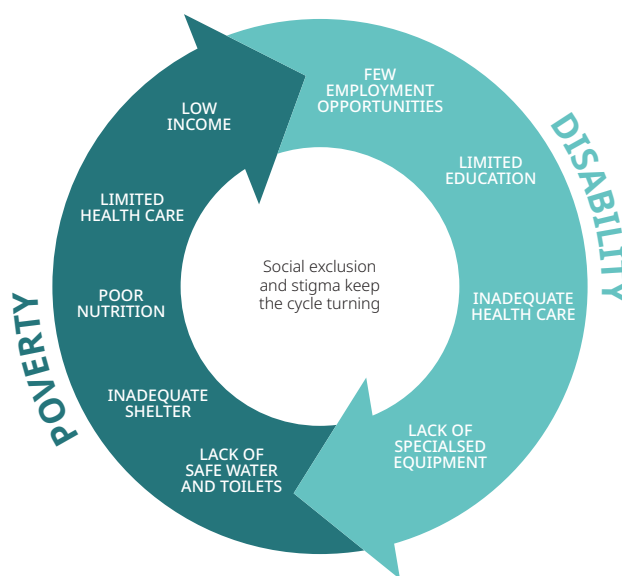
Our study shows that WASH and disability are considered and implemented in silo, so many people with disabilities fall through the gap and remain unserved. All references to disability in Bangladesh's WASH-related policies and plans must include clear and concrete activities to achieve them. Efforts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

Introduction

Disability and WASH

An estimated 15% of the global population has a disability (1). People with disabilities 'have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others' (2). Approximately 110-190 million adults with disabilities rely on caregivers (3). Disability is a consequence and a cause of poverty; both reinforce each other and are perpetuated by stigma and discrimination (Figure 1).

Figure 1. The vicious cycle between poverty and disability (4)



People with disabilities have lower educational attainment than children without disabilities (5), and adults with disabilities are 50% more likely to be unemployed (1). Even though people with disabilities have greater healthcare and rehabilitation needs, they are 50% less able to afford it than non-disabled people and are 50% more likely to experience catastrophic healthcare costs, which pushes them further into poverty (6, 7).

Only 5-15% of people who need assistive devices (e.g., wheelchairs, glasses, hearing aid) have them (1). These factors mean that people with disabilities are more likely to live in poverty. Many people with disabilities living in low-and middle-income countries (LMICs) have poorer access to WASH than people without disabilities (8-11). A recent study in Vanuatu reported that people with disabilities were statistically more likely to face barriers accessing WASH at home than others in their household (11). People with disabilities are less likely to have access to shelter and healthcare, and have lower income and poorer nutrition, which in turn leads to disability (1, 6, 12).

Social exclusion and stigma (a process of dehumanising, discrediting, degrading, and devaluing people (23)) keeps the cycle turning. Stigma powers discrimination because it provides 'justification' for social exclusion as it becomes natural and accepted – it is not questioned or challenged.

Figure 1 demonstrates that access to WASH services must be improved for people with disabilities, but this cannot be done without increased access to education, employment, and healthcare and vice versa.

WASH and Disability in Bangladesh

In Bangladesh, the Joint Monitoring Programme of the World Health Organisation and UNICEF report that 41% of the population does not have access to safely managed drinking water, almost two-thirds do not have safely managed sanitation, and 42% do not have basic hygiene services (14). Analyses of cross-sectional surveys in four countries, including Bangladesh, found households that include a person with disabilities were more likely to share WASH services with other households; people with disabilities were less able to independently collect water or use the household latrine without coming into contact with urine or faeces (9). The authors concluded that people with disabilities might have poorer quality access to WASH within their households. The Population and Housing Census 2022 preliminary report state that 1.43% of the population has a disability (15). It is likely that many of these people face challenges accessing and using WASH services at home.

The Government of Bangladesh signed the United Nations Convention on the Rights of Persons with Disabilities in 2007 (16). Since then, the government has integrated the Convention into The Rights and Protection of Persons with Disabilities Act 2013 (17). In August 2022, the UN Human Rights Office of the High Commissioner commended Bangladesh for incorporating the Convention into domestic law, translating it into Bangla, producing an Easy Read, child-friendly version, and implementing robust monitoring systems to support people with autism (18, 19).

National Bangladesh water sanitation and hygiene policies and plans incorporate some disability inclusion provisions. For instance, the National Strategy for Water Supply and Sanitation commits to 'undertake specific approaches for hard to reach areas and vulnerable people' (which include people with disabilities) and to 'take the provision of facilities for differently able people mandatory for public water supplies and toilets (20). The Water Supply and Sanitation Sector development plan include the following two action points: 'undertake a national-level survey to create a database on different vulnerable groups', and 'undertake a learning approach to identify 'what works' and on this basis prepare guidelines, and design specific tools and approaches for the different vulnerable groups' (21). Finally, the National Hygiene Promotion Strategy for Water Supply and Sanitation Sector explicitly includes people with disabilities ('differently able people') in their strategic approach (22).

About our study

Our study, Translating disability-inclusive WASH policies into practice: lessons learned from Cambodia and Bangladesh, aims to develop evidence-based guidance for governments in low-and middle-income countries (LMICs) about implementing disability-inclusive WASH at scale.

In 2021, we published a journal article that assessed the inclusion of disability in Bangladesh's WASH policies and guidance documents using the EquiFrame policy analysis tool, adapted for WASH, disability, and gender (23). Our [Learning Brief 2](#) Cambodia and Bangladesh Water, Sanitation and Hygiene Policy Analysis (24) condenses the article.

In summary, we found that Bangladesh's WASH policies focused on improving access to WASH services at home and in public settings and providing accessible information on WASH for people with disabilities. Affordability, participation, protection from harm, and ensuring high-quality WASH services were also included but to a lesser degree. However, not all references to these issues in the included policies included clear and concrete activities to achieve them. Consequently, there is a risk that policy implementation might not match stated aims.

Research aim and questions

This is a qualitative cross-sectional study in the Gaibandha and Rangpur districts, Bangladesh. It aims to explore the implementation of policy commitments to disability through WASH service delivery efforts from the perspectives of national and district government officials, service providers, and individuals with disabilities and their caregivers. It uses participants' descriptions to assess this, and the impact activities have on people with disabilities and their caregivers' WASH-related experiences.

Research questions

- 1) To what extent are the commitments to disability referenced in the Government's national-level WASH policies and guidance documents implemented in the selected districts by sub-national government officials and service providers?
- 2) How does this implementation impact the WASH-related experiences of people with disabilities and their caregivers?

Study site, population and sample size

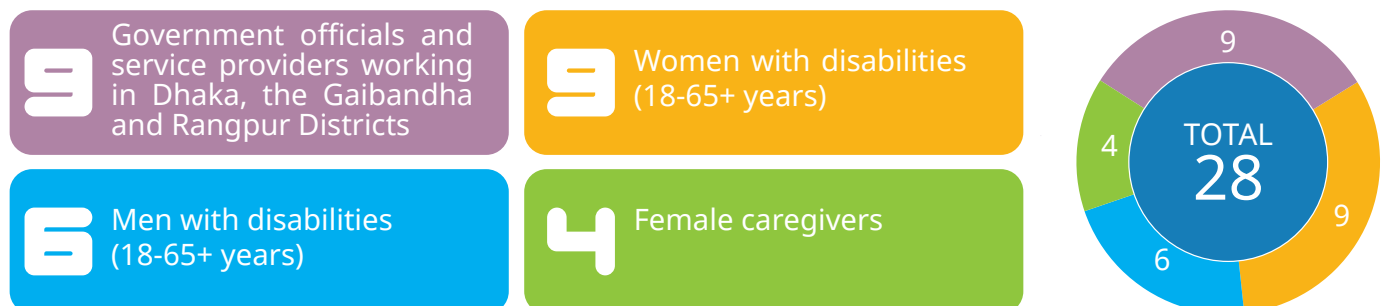
The study was conducted in selected rural and urban communities in Gaibandha and Rangpur districts identified by WaterAid in collaboration with Organisations of Persons with Disabilities. These districts were chosen because WaterAid has extensive networks and strong relationships with government officials and implements WASH programmes through its partners, as do other large NGOs focusing on WASH and disability.

We applied stratified purposive sampling (25) to select nine key informants (government officials and service providers) across various geographic locations, levels of seniority, and sectors (WASH, disability, health, and/or education). Key informants were identified by individuals from WaterAid and Identity Inclusion on the project team through their extensive networks.

We purposively selected 15 women and men with disabilities and four of their female caregivers. We aimed to include a mix of women and men, impairment type (visual, hearing, mobility, cognition, communication), and District (an administrative unit). Figure 2 presents the study population.

Figure 2. Study population

Participant type



Data collection methods, analysis, and the research team

Data were collected through in-person semi-structured interviews carried out by pairs of interviewers (one lead and one support) in Bangla. We also conducted PhotoVoice (a visual research methodology) with five people with disabilities. In our study, we loaned a camera to each PhotoVoice participant and asked them to take photos representing their WASH experiences. Participants then ranked these images in order of importance.

The research team included academics, WASH practitioners, and disability rights activists from the International Centre for Evidence in Disability at the LSHTM¹, WaterAid in Bangladesh², and Identity Inclusion³.

Informed consent process and ethical clearance

Written (or thumbprint if the participant was illiterate) informed consent was sought before all interviews. PhotoVoice informed consent was a two-stage process; it was sought at the first meeting, where researchers explained the task to the participant, and again after the photos had been taken so participants could better understand which photos they agreed to be used in research outputs and how. The participants own all images. All participants knew that their study enrollment was voluntary and that they could withdraw their consent anytime.

The Research Ethics Committee provided ethical approval for the study at the LSHTM (reference: 17679-3) and the Bangladesh Medical Research Council (reference: MRC/ ERC IP.PF -Bily2\21/ 936).

Results

The findings are grouped into three themes: Improving access to WASH services at home and in public settings, Affordability, Participation, and Accountability. Each section indicates *'what success would look like'* if policy commitments to these issues were implemented and the key findings.

Improving access to WASH services at home and in public settings

What success would look like

People with disabilities, regardless of impairment experienced, can collect water and use the toilet and bathing shelter independently or with caregivers' support in public and private settings.

Figure 3. Yunus (70), with his happy face after accessing public toilet at Sayedabad bus terminal, Dhaka



1 <https://www.lshtm.ac.uk>

2 <https://www.wateraid.org/bd/>

3 <https://www.facebook.com/identityinclusion/>

What we found

The Government of Bangladesh's Right and Protection of Persons with Disability Act is enacted to guide how the Convention on the Rights of Persons with Disabilities is implemented in the country (2, 17). Government officials in our study demonstrated a strong commitment to disability and rehabilitation. They had a good understanding of disability, including differences related to the impairment experienced (e.g. psychosocial disabilities, hearing impairments).

Government officials and service providers (referred to as 'key informants' from now on) were convinced that people with disabilities should gain access to WASH services in public and private settings, such as in schools, healthcare facilities, and at home. However, district-level efforts to provide disability services and realise the rights of persons with disabilities focused on rehabilitation, inclusive education, and data provision. They did not include improving access to water, sanitation, and hygiene services or providing accessible information on WASH.

Service providers' WASH interventions did not systematically include disability. This included organisations with an extensive geographic reach. Interviews with government officials and service providers demonstrate that disability and WASH are considered in a silo.

Key informants cited manuals, guidelines, and standards for WASH in schools, which state that at least one school toilet must be accessible, as examples of ensuring children with disabilities have access to WASH services in public settings. However, some key informants did not believe all school toilets were constructed per the intended technical design.

"We have seen that even after planning and designing, there is no real implementation; maybe it is seen that there are ramps, but the slots are not the right size, or the door is not as wide as it needs to be."

(Service provider)

Another key informant recommended that the Government of Bangladesh builds on its commitment to increasing access to WASH for its citizens by increasing its attention to and funding for developing innovative solutions to ensure people with disabilities benefit equitably.

"Our government's policy is to ensure that all human rights are accessible to all people, and our plan is no exception. There is nothing unique about this. Additional research and technical expertise may be required to ensure everyone has access to all facilities."

(Government official)

From our interviews with people with disabilities and their caregivers, we learnt that very few people with disabilities could independently and safely access and use their WASH services at home and in public settings.

In terms of access to water, most people with disabilities had a tubewell at home or nearby. Still, many faced difficulties using it, and none had adapted the water point to make it more accessible. Some participants had slipped and fallen when collecting water.

"It hurts a lot, while standing on one leg, the leg becomes numb. A lot of times, I have slipped near the tubewell."

(Man with a physical disability)

Many people with disabilities relied on others to collect their water because they could not use the water point. Many highlighted an inability to carry enough water for bathing and laundry because of a reliance on caregivers or a lack of devices to transport water. Mousumi, who has a skin condition which makes it difficult and painful to collect and carry water, depicted this challenge and the impacts through PhotoVoice (Figure 4, Figure 5, Figure 6).

Figure 4. Disability discrimination



Figure 5. Water quantity



Figure 6. Desire for independence



“Though I performed good in academic activities, I have been expelled from school because everyone thought my disease was contagious and stayed away from me because of my body odor. Due to lack of education, now I am dependent on others in many aspects of my everyday work.”

© Mousumi Akter

“Although there is an adequate water supply in our house, I am dependent on others to collect water for bathing or other needs. My sensitive skin makes it almost impossible for me to carry anything heavy.”

© Mousumi Akter

“When guests come to the house, it is necessary to clean many dishes after eating. When everyone in the house is busy, I wish I could help. If I could do the work by myself, it would benefit my family members. Besides, if no one is at home, I can't take water for them when guests come. Even if the snacks are ready, I can't take them in front of guests.”

© Mousumi Akter

Most people with disabilities used the same latrine as the rest of those living in their households, but few latrines were accessible.

“When I go to the toilet, I spread the clothes where I put my feet in the toilet. Everyone can sit on their feet, but I don't have one of my legs, so I sit on the ground. I must spread my clothes on the floor first.”

(Woman with physical disabilities and visual impairment)

Liton Chandra, who has a visual impairment, directed a self-portrait to demonstrate his challenges when using his latrine at home (Figure 7). Liton also explained that he could not use the tubewell independently, so he had to rely on someone else to collect water and put it inside the latrine.

Figure 7. Inaccessible latrine



“Because we have a squat toilet with no facilities for water supply, I require assistance while using it. When no one is around, I try to find the footplates on the toilet pan with my hands before placing my feet on them to prevent any unwanted mishaps.”

© Liton Chandra

Another PhotoVoice participant, Niranjana Das, took a photo of their inaccessible latrine (Figure 8), explaining

Figure 8. Safety and security



“Our toilet is not suitable for a person like me. It does not have any features for the physically challenged person.”

© Niranjana Das

Many participants with disabilities explained that they could not lock the latrine door, so they needed a family member to wait outside for them.

“There is a lock, but it is not the same as in the city bathroom, so sometimes I can lock it, and sometimes I can't. Then my sister or mother would wait outside the bathroom for me. We have to adjust to it; we are poor people.”

(Caregiver of a woman with a visual impairment)

This quote demonstrates how this family has become accustomed to inadequate WASH services at home. Such sentiments were recorded by many participants with disabilities and their caregivers.

Nearly all participants with disabilities bathed and did laundry in the same place as the rest of their families. However, few did so comfortably and independently because it was difficult to collect water for washing; there was no seating area or laundry platform. Consequently, many people with disabilities were reliant on caregivers for these tasks. Eti Akter self-directed a portrait to depict this issue (Figure 9).

Figure 9. Inaccessible laundry area



“The washing area is too narrow, which is out of my comfort. I need a high place where I can wash my own clothes like other members of my family.”

© Eti Akter

Affordability

What success would look like

People with disabilities:

- Receive subsidies constructing accessible water points, toilets, bathing, and/or handwashing facilities at home
- Can afford to make WASH services accessible at home or have received support to do so
- Receive a subsidy for WASH services or can use public WASH services at a reduced rate

Figure 10. Accessible Handwashing facilities constructed during COVID-19



WaterAid/Tawhidur Rahaman

What we found

When asked about WASH subsidies, key informants only said that people with disabilities could access loans. However, most participants with disabilities and caregivers were unemployed, could not afford to improve the accessibility of their WASH services, and most were financially dependent on extended families.

Some participants with disabilities and caregivers noted that they had heard about the loans for WASH services but explained that they had not applied because they could not repay the loan.

“We thought [about making the latrine more accessible], but we are poor that’s why we have become accustomed to it.”

(Caregiver of a woman with a visual impairment)

“Yes, I thought so, but we have no money. Somehow, I cover the cost of food.”

(Woman with multiple disabilities)

Participation

What success would look like

- Organisations of Persons with Disabilities (OPDs) or disability service providers are invited to and have attended WASH meetings at the national and sub-national levels; they have spoken and been listened to, and their opinions have influenced decision-making
- People with disabilities have been invited to and have attended community meetings about WASH; they have spoken and been listened to, and their opinions have influenced decision-making

Figure 11. Human Chain formed to demand disability rights



© B-SCAN

What we found

Some OPDs reported being invited to national WASH meetings and could discuss disability issues at these. Other key informants echoed this. The Freshwater Action Network South Asia and Sanitation and Water for All were cited by an Organisation of Persons with Disabilities as platforms that encouraged discourse on disability and WASH.

“We can learn from these platforms how people from different countries are talking about their rights, how they are recommending to their government, how the government is implementing, how the budget is being allocated.”

(Organisation of Persons with Disabilities)

However, some OPDs we interviewed had never been invited to WASH meetings or interacted with WASH organisations. Receiving funds to focus on WASH was a determining factor for OPDs involvement in this issue.

There was one example of an OPD meaningfully participating in the design and delivery of public sanitation services in Dhaka. This was in collaboration with a WASH organisation and Dhaka City Corporation, and accessible public toilets were built in a bus station (see Figure 3). Yet, OPDs also noted that gains could be lost if commitments to disability are not made within WASH policies and action plans and if progress is not monitored.

“Sometimes it is seen that after many days of trying, we have built an accessible toilet, but after a few days, it has been demolished or closed for some reason. It is seen that the person we initially convinced somewhere was transferred after a while, and the newcomer came and removed it because he did not know for whom it was made.”

(Organisation of Persons with Disabilities)

Interviews with people with disabilities revealed a significant gap in their participation in the WASH-related decisions that affect their lives. Many people with disabilities had had no contact with WASH organisations or heard of any meetings held in their community to discuss WASH.

“No one ever talks with me or [person with disabilities] [...]. Nobody talks with us about WASH, sanitation or disability.”

(Caregiver of a woman with a hearing and communication disability)

Researcher:

“Have you ever heard of any organisations in your area that are working on water services, WASH and sanitation policies?”

Man with a physical disability:

“I don't know, ma'am. I don't know of any organisation in my area that has worked with WASH, sanitation and water services. [...] I think some organisations should work on these things because there are many other disabled people like me who do not have good access to water and a bathroom. They can't afford it because they are in a weak financial position like me.”

Researcher:

“Has there ever been a meeting about cleanliness or water?”

Woman, visual impairment and physical disability:

“Never happened. I've never heard of it.”

Accountability

What success would look like

'Accountability' is defined by de Albuquerque as 'the process by which people living under a State's jurisdiction can ensure that States are meeting their obligations with respect to the human rights to water and sanitation' (page 32) (36).

Though our study did not explore accountability in its entirety, we identified the following indicators of success:

- National and district WASH data collected is disaggregated by disability and used to monitor WASH inequalities
- Governments and service providers take action to progressively realise the right to water and sanitation for people with disabilities
- People with disabilities understand their right to water and sanitation and demand these from governments and service providers to account for WASH service delivery

What we found

Interviews with key informants revealed that disability data was collected for health (27), and education (28).

"We have disabled data in our [health] database. We must compile the data with the help of a health assistant at the grassroots level; the exact number of disabled people have to be in that report."

(Government official)

"Our education-related service needs are surveyed; the survey also takes the information on people with disabilities."

(Government official)

However, after analysing data from key informants, we conclude that information on WASH is not disaggregated by disability at the national or district levels.

Structures were in place to enable people with disabilities to demand their right to water and sanitation through their local Upazila WASH committee, union WASH committee or district committees. For instance, per the Rights and Protection of Persons with Disabilities Act 2013, municipal disability rights and protection committees should exist in districts and Upazilas and must include a member with disabilities (17).

Encouragingly, we heard some reports where people with disabilities successfully demanded disability and/or services. For example, one woman with a physical disability successfully lobbied the district government to support members of an OPD to construct latrines.

"The government gave two rings and a slab to the people who didn't have a toilet; also, it was told to them how to build a toilet."

(Caregiver of a woman with physical disabilities)

We also heard many accounts from people with disabilities who had demanded their right to water and sanitation but received no support, thus showing that government officials and service providers' responses were inconsistent.

"We went to the Upazila Parishad and met with the authorities and let them know what we wanted. They accepted all our demands but have not taken any action so far. No one calls us when any relief comes."

(Woman with multiple disabilities)

However, one key informant explained that they want to improve access to WASH for people with disabilities. Still, they do not know what is needed because no person with disabilities, caregiver, or OPD has ever requested support for WASH.

Researcher:

"Apart from this, has any organisation or OPDs ever contacted you with a claim or for the provision of disability-accessible facilities?"

Government official:

"No such organisation has come on its own initiative; I have never found anyone like that. If anyone ever came with such a claim, they would have to have an application form, one which I could later forward to the higher authority. The issues of minority groups came up many times in our meetings, but they never voiced any demands."

Bringing it all together

Our study has shown that disability rights are taken seriously within Bangladesh. Activities to promote or achieve disability rights focused on access to education, health, rehabilitation, and employment. Efforts have not significantly included the right to water and sanitation. This is mirrored in the Rights and Protection of Persons with Disabilities Act 2013, which does not mention water, sanitation, or hygiene (17). Conversely, key informants that focused on improving access to WASH through policy and practice did not consistently consider disability within their efforts. Consequently, we conclude that disability is not systematically considered a cross-cutting issue in WASH or vice-versa.

A significant barrier to progressively realising the right to water and sanitation for all citizens in Bangladesh was that WASH data at the national and district levels were not disaggregated by disability. Consequently, it is impossible to understand access to WASH for people with disabilities compared to those without disabilities or to plan effectively to meet everyone's requirements.

Inadequate integration of disability within WASH negatively impacted individuals with disabilities, most of whom could not access or use WASH services safely and independently at home. Many reported that they could not collect water alone because they could not operate the waterpoint or carry water. This led to them not having enough water to use the toilet as regularly as needed. Most could not use the household latrine independently, and some reported feeling on the ground to find the latrine. These findings related to people with disabilities access to WASH at home are also reported in other studies from Bangladesh, Cambodia, Nepal, Vanuatu, Cameroon, India, and Malawi (9, 11, 29-32). Such challenges are exacerbated by a lack of access to assistive devices, such as wheelchairs, commodes, and bedpans, as noted in studies from Vanuatu and Cambodia (11, 29, 32). As a breadth of scientific evidence from different settings show that people with disabilities have poorer access to WASH than people without disabilities and rarely have the assistive devices they need, these findings likely reflect the experiences of many people with disabilities living in LMICs.

We did not explore the health of people with disabilities in our study. Still, extensive evidence demonstrates that poor hygiene practices, inadequate sanitation, and limited water quantity can contribute to spreading diseases such as diarrhoea, typhoid and cholera (33-35). Research is needed to explore the health and economic impacts of poor WASH on people with disabilities and their households compared to people without disabilities in different LMICs.

Another consequence of inaccessible WASH at home was a reliance on caregivers for WASH tasks. This lack of independence negatively impacted people with disabilities self-esteem, but it also meant that they were less able to use the toilet or bathe as often as required. Though not explored in our study, in other settings, this has resulted in people with disabilities or their caregivers limiting their food and water intake (32, 36). Findings from other studies note that the ability to bathe regularly with caregiver's support where necessary is essential for people with disabilities willingness to interact socially (37). An older woman with a visual impairment in Zambia explained how having an accessible bathing shelter at home had increased her social interaction with neighbours: "People never used to eat with me because I was dirty and smelling. Now everyone can eat together as I am no longer dirty" (38).

A criterion used to specify the rights to water and sanitation is 'affordability' (39). This means 'the price of sanitation and water services must be affordable for all without compromising the ability to pay for other essential necessities such as food, housing and healthcare' (39). The human rights framework states that a safety net should be provided for people who cannot pay the full costs (p78 (13)). In our study, many people with disabilities and their caregivers cited affordability as a barrier to improving accessible WASH at home. They also said that they prioritised food with limited resources, meaning spending on WASH could compromise their ability to eat. We conducted a similar study in Cambodia to explore the implementation of disability rights through WASH service delivery. We found that affordability was a significant barrier to improving accessible WASH within households that include people with disabilities in that setting too (29). As depicted in Figure 1, people with disabilities are often financially poor, have limited educational attainment, and have fewer employment opportunities. Consequently, the provision of loans for WASH services has not effectively improved access for participants with disabilities in our study sample.

Furthermore, very few people with disabilities had been contacted by WASH organisations, so they did not know how to make their household WASH services more accessible at a limited cost. Several Compendiums of Accessible WASH technologies exist, including low-cost ways to make water points, bathing shelters, and latrines more accessible, mechanisms to transport water, and various toilet door handles and locks that could be operated independently (40, 41). Within Bangladesh, B-SCAN is developing a similar compendium. Though this information exists, participants in our study were unaware of them because they had not been targeted explicitly by organisations in their WASH interventions.

Though we recorded encouraging accounts of where participation of Organisations of Persons with Disabilities was meaningful, the participation of individuals with disabilities at all levels was not systematically sought or achieved. Inadequate interaction with organisations about WASH meant that most people with disabilities in our study sample were unaware of their right to water and sanitation. Many participants and caregivers expressed apathy through stigma and self-stigma (a belief that their position in society cannot be changed). This is demonstrated by quotes such as, “we have to adjust to [inaccessible WASH]. We are poor”. A study in Vanuatu used the Cantril Ladder of Subjective Wellbeing to compare the self-reported well-being of people with and without disabilities using the criterion, ‘suffering’, ‘surviving’, or ‘thriving’ (11, 42, 43). In the Vanuatu study, people with disabilities were ten times more likely to be ‘suffering’ and three times more likely to be ‘struggling’ than people without disabilities. Considering the vicious cycle of poverty and disability, extra efforts must be made to ensure people with disabilities know their right to water and sanitation and are supported to demand them in Bangladesh and other LMICs.

Though we found evidence of an open civil society space in which structures were in place for citizens to demand rights, only a handful of people with disabilities demanded water and sanitation. However, these individuals held professional roles and were skilled influencers. Some participants’ demands for WASH and disability services went unmet, and some government officials were unclear about how to improve access to WASH services for people with disabilities due to a lack of demand.

Strengths and limitations

A key strength of this study was that data was generated by Bangladeshi nationals with and without disabilities, with professional experience in disability and WASH, with guidance from an experienced qualitative researcher. We interviewed a wide range of key informants, people with disabilities (with various impairments), and their caregivers by applying two qualitative research methods.

Some limitations must be considered when interpreting the findings. Transcripts were not produced during data collection, so concurrent data analyses were not possible. Additionally, some key informants knew the researchers interviewing them, which may have influenced their answers. This was managed by a detailed informed consent process and reiterating anonymity and confidentiality during the interview.

Conclusion

In this study, we aimed to explore the implementation of policy commitments to disability through WASH service delivery efforts in Bangladesh's Gaibandha and Rangpur districts.

We found that the Government of Bangladesh has made great strides in furthering disability rights, but that access to WASH is not integrated within this. Conversely, disability is not considered a cross-cutting issue in WASH. National and district WASH data were not disaggregated by disability, meaning an assessment of WASH access for people with and without disabilities was impossible. Very few people with disabilities could access WASH services independently at home, which were largely inaccessible and unsafe. This resulted in a reliance on caregivers for WASH tasks and meant some people with disabilities were less able to bathe and use the toilet as often as they wanted. Many people with disabilities and their caregivers said they were too poor to adapt their household WASH services to make them more accessible. Though OPDs attended WASH meetings, very few people with disabilities had contact with WASH organisations, had been invited to community WASH meetings, or were aware that water and sanitation are human rights. Very few claimed these, even though structures were in place to do so.

Our study adds to the growing body of data from different LMICs, demonstrating that many government officials and service providers consider disability and WASH in silos. Many people with disabilities cannot improve their access to WASH services at the household level and are falling through the gap. 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 these are implemented as planned.

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