

# Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions

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## ACRONYMS

ACF	Action Contre la Faim
ADCAP	Age and Disability Capacity Programme
ADTF	Ageing and Disability Task Force (Pakistan)
ASB	Arbeiter-Samariter-Bund (Worker's Samaritan's Federation)
CBM	Christian Blind Mission
CDD	Centre for Disability in Development
CRS	Catholic Relief Services
DOAI	Disability and Older Age Inclusion
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GBV	Gender Based Violence
HI	Humanity & Inclusion
HIF	Humanitarian Innovation Fund
HIS	Humanitarian Inclusion Standards
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IOM	International Organisation for Migration
JEN	Japan Emergency Non-Governmental Organisation
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability & Learning
MHM	Menstrual Hygiene Management
NCA	Norwegian Church Aid
NGO	Non-Governmental Organisation
OPD	Organisation for Persons with Disabilities
SDG	Sustainable Development Goals
ToR	Terms of Reference
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WEDC	Water Engineering and Development Centre
WGQ	Washington Group Questions
WHO	World Health Organisation

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# EXECUTIVE SUMMARY

## Purpose of this document

Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Elrha identified a knowledge gap in good practices and innovation for how people with disabilities and older people are included in water, sanitation and hygiene (WASH) interventions in humanitarian contexts. To support a new area of focus under their Humanitarian Innovation Fund (the HIF) on Disability and Older Age Inclusion (DOAI), Elrha commissioned an independent rapid review to review the inclusion of people with disabilities and older people in humanitarian WASH interventions.

## Background

People with disabilities and older people make up significant population groups, however, they are disproportionately affected by and amongst the most marginalised in humanitarian response<sup>1</sup>. In contexts of disasters, conflict or unrest, access to water and sanitation can be severely impacted, increasing vulnerability to disease and death. Access to clean water and sanitation is recognised as a fundamental human right, and numerous human rights frameworks further affirm equal rights for people with disabilities and older people (aged over 60). Though, evidence suggests they are at a disproportionately greater risk of not having adequate access to water and sanitation<sup>2,3</sup>. To promote inclusive humanitarian action, the Age and Disability Capacity Programme (ADCAP) consortium developed the Humanitarian Inclusion Standards (HIS)<sup>4</sup>. The HIS consists of nine key inclusion standards and sets sector-specific standards, including for the WASH sector. The WASH inclusion standards are structured around three key dimensions of inclusion: 1) Collection of Information, 2) Addressing Barriers and 3) Participation and Resilience.

## Methodology

The Rapid Review adopted qualitative methods including a secondary data desk review and key informant interviews (KIIs). The comprehensive desk review included a review of available reports, documents, evaluations, literature and any other content found related to inclusive practices in humanitarian WASH interventions. In addition to an online search, WASH and DOAI actors were solicited to share relevant documents and some were purposefully selected for KIIs. Out of 24,682 documents identified, 160 were screened, 101 were eligible and 35 were included in the review. The Humanitarian Inclusion Standards (HIS) were used as a common framework for analysis. As such, the findings are structured around the HIS. The limitations of the Rapid Review included a lack of available literature on inclusive WASH interventions in humanitarian contexts and challenges faced in arranging KIIs with some of the identified stakeholders. Thus, the findings reflect practices from available interventions, which are likely not exhaustive and not reflective of all the inclusive WASH interventions implemented in humanitarian action.

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<sup>1</sup>Handicap International (2015) Disability in humanitarian context: Views from affected people and field organisations

<sup>2</sup>OHCHR (2011), Human Rights of Older Persons– Report of the Secretary General:

<sup>3</sup>WHO, World Bank, World (2011), World Report on Disability

<sup>4</sup>ADCAP HIS: <https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities>

# FINDINGS

A summary of the key inclusion trends and gaps identified in the review are presented in the following Table:

HUMANITARIAN INCLUSION STANDARD (Section in document)	KEY ACTIONS	TRENDS	GAPS
COLLECTION OF INFORMATION	Data collection practices to identify people with disabilities and older people, and use of data	<ul style="list-style-type: none"> <li>Data on Age and Disability are being collected in WASH interventions</li> </ul>	<ul style="list-style-type: none"> <li>Standard data collection and disaggregation processes are not systematically implemented by WASH actors</li> <li>WGQ not widely implemented by WASH actors</li> <li>Lack of age disaggregation, especially for older age groups</li> <li>Limited examples of the collection and use of sex, age and disability disaggregated data to inform programming and monitor access / outcomes (how to use the data)</li> <li>Gap in monitoring and documenting inclusive interventions</li> </ul>
	Collection of Information on barriers and facilitators through participatory processes	<ul style="list-style-type: none"> <li>Barriers and Facilitators Assessments are conducted (to varying degrees)</li> </ul>	<ul style="list-style-type: none"> <li>Barriers and facilitators assessments are mainly conducted by specialised organisations (HI, CBM, HelpAge) -&gt; not exclusively focusing on WASH</li> <li>Some WASH actors conducted barriers and facilitators assessments, often with technical support from HI, CBM or HelpAge, however this is not common practice</li> <li>Technical accessibility assessments primarily focus on physical barriers, with limited to no focus on the assessment and identification of other barriers (e.g. institutional, attitudinal, communication, etc) and needs of people with disabilities and older people</li> <li>Information gap on needs and barriers related to access and use of water supplies and hygiene practices</li> <li>Participatory assessments are not a consistent practice</li> </ul>
ADDRESSING BARRIERS	Designing, constructing and adapting accessible WASH facilities	<ul style="list-style-type: none"> <li>Physical barriers to access sanitation facilities are commonly addressed by designing, constructing and adapting latrines</li> </ul>	<ul style="list-style-type: none"> <li>Focus is primarily on addressing physical barriers (only)</li> <li>Universal Design concepts are not well integrated by WASH actors (gap in capacity)</li> </ul>

	<p>Provision of adapted supplies and ensuring service delivery is accessible</p>	<ul style="list-style-type: none"> <li>• Some positive actions related to provision of adapted equipment (mobility devices, sanitation and hygiene supplies) are being implemented in some interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted support is not common or standard practice</li> <li>• Lack (or absence) of response to address menstrual hygiene management (MHM) and incontinence for people with disabilities and older people</li> <li>• Limited examples of a twin-track approach, where adapted services / equipment are provided while age and disability inclusion are mainstreamed throughout the response</li> <li>• Lack of evidence related to adapting service delivery methods to promote access to water and hygiene promotion (i.e. provision of accessible information, outreach, tailoring hygiene messages, etc)</li> <li>• No interventions directly addressing barriers related to information and/or communication, or financial barriers to access WASH services</li> <li>• More interventions focused on disability inclusion, and less on older age inclusion. Also, gender was not systematically integrated, highlighting that interventions often have a siloed approach to inclusion focusing either on age, disability or gender, without ensuring the integration of these intersecting factors in a holistic approach.</li> <li>• Limited interventions linking GBV and WASH</li> </ul>
	<p>Sensitisation of communities, staff and partners</p>	<ul style="list-style-type: none"> <li>• A few programmes integrated general awareness efforts around inclusive WASH on World Water Day and International Day of Persons with Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Despite documented attitudinal barriers and discrimination faced by older people and people with disabilities within the household and community, sensitisation on the rights to WASH was found to be largely lacking.</li> </ul>
	<p>Capacity building of staff and partners</p>	<ul style="list-style-type: none"> <li>• Capacity building of staff and partners (including local stakeholders) on accessibility and universal design is commonly implemented</li> <li>• Wide range of guidance, guidelines and standards exist on accessibility in WASH</li> <li>• Training, with further technical support, follow up and coaching from DOAI expertise (HI, CBM, HelpAge)</li> <li>• Technical human resource (e.g. DOAI advisors) imbedded within the program/ project (example from ADCAP)</li> </ul>	<ul style="list-style-type: none"> <li>• Gaps exist in the capacity of WASH actors to implement universal design</li> <li>• Gaps exist in the capacity of WASH actors to implement a twin-track approach (targeted actions and DOAI mainstreaming) in WASH interventions</li> <li>• No evidence related to mainstreaming DOAI in staff inductions</li> </ul>
	<p>Budget allocation</p>	<ul style="list-style-type: none"> <li>• In one project, budget was allocated for accessibility at the beginning of the project and it reduced the overall cost of the accessibility work by almost 200%</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient budget allocation to address all barriers is not common practice and not systematically imbedded in all programmes / projects</li> <li>• Gap in budget allocation for mainstreaming (human resources- such as an inclusion advisor, sensitisation, awareness, capacity building activities and provision of adapted supplies, etc.)</li> </ul>

PARTICIPATION	Strengthening capacities of users	<ul style="list-style-type: none"> <li>• Building capacity of OPDs to deliver inclusive WASH (one example)</li> </ul>	<ul style="list-style-type: none"> <li>• Important gaps found in strengthening WASH-related capacities of people with disabilities and older people, and their representative organisations</li> </ul>
	Participation in decision-making and programming	<ul style="list-style-type: none"> <li>• Some efforts to include the voice of people with disabilities and older people during the planning and implementation phases of the interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Important gaps found in systematic and meaningful participation of people with disabilities and of older people in decision-making and programming</li> </ul>
COORDINATION	Inter-Agency coordination mechanisms	<ul style="list-style-type: none"> <li>• Integration of disability focal point, focal agency or task force to represent age and disability inclusion in WASH coordination mechanisms; age and disability inclusion often led by or represented by organisations with DOAI expertise</li> <li>• Inter-sectoral coordination (e.g. WASH and Education)</li> <li>• Ageing and Disability Task Force (Pakistan) published a Resource Book on Inclusive Practices → to document lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>• Participation of people with disabilities and older people, and/or their representative organisations (e.g. OPDs), in coordination mechanism was not found to be common practice (one example)</li> <li>• Inclusion of age and disability is often not systematically integrated in the broader Country (and sectoral) Humanitarian Response Plans</li> </ul>
	Partnerships & Consortiums	<ul style="list-style-type: none"> <li>• Partnerships and consortium approach between different actors, including WASH and organisations with DOAI expertise</li> </ul>	<ul style="list-style-type: none"> <li>• The response and impact can be diluted when the inclusion technical support is not formalised through a joint project, through a consortium or with integrating an inclusion advisor within the program.</li> </ul>

# 1. INTRODUCTION

Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. An established actor in the humanitarian community, Elrha works in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

Elrha equips humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most, and has supported more than 200 world-class research studies and innovation projects, championing new ideas and different approaches to find what works in humanitarian response.

Elrha's globally-recognised programme, the Humanitarian Innovation Fund (the HIF) aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. Established in 2011, it was the first of its kind: an independent, grant-making programme open to the entire humanitarian community. It's portfolio of funded projects informs a more detailed understanding of what successful innovation looks like and what it can achieve, and is leading the global conversation on innovation in humanitarian response.

One of the current focus areas for the HIF is to explore and grow the potential for innovation to improve the effectiveness of humanitarian Water, Sanitation and Hygiene (WASH). Recognising the systematic lack of inclusion of older people and people with disabilities within the humanitarian system, and building on Elrha's strategic commitment to the inclusion of marginalised and excluded population groups within humanitarian action, Elrha has recently developed an area of work on Disability and Older Age Inclusion (DOAI). This new focus area will address barriers to and support opportunities for the inclusion of older people and people with disabilities in humanitarian assistance, through innovation and innovative approaches.

## 1.1. Overall Aim of the Rapid Review

Pending the production of a substantial and robust gap analysis exercise to inform the DOAI focus area, Elrha is working with sector experts to develop and launch an Innovation Challenge on WASH with a DOAI component in May 2019. To support this formative stage of the work, Elrha has commissioned a team of consultants to conduct a Rapid Review of DOAI in WASH humanitarian interventions<sup>5</sup>.

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<sup>5</sup>Concurrently, a separate team of consultants are conducting a Rapid Review of DOAI within Gender-Based Violence (GBV) interventions, which is another of Elrha's focus areas.

## 1.2. Objectives of the Rapid Review

The objectives of this Rapid Review covered three components, shown in Table 1.

Table 1: Objectives of the Rapid Review

COMPONENT OF THE WORK	OBJECTIVES
1. Review the level of DOAI in WASH humanitarian interventions	To have a better overall understanding of the inclusion of people with disabilities and older people in existing WASH interventions, using the Humanitarian Inclusion Standards (HIS) as a common framework.
2. Provide a narrative on key examples and outcomes achieved	<p>To have a more detailed understanding of the good or best practice examples of DOAI in WASH; what these interventions have achieved (including quality of the evidence), how, with whom, and where.</p> <p>To provide the Humanitarian Innovation Fund (HIF) with examples of inclusive WASH interventions to learn from and engage with further, as well as highlighting gaps that need to be piloted via new initiatives.</p>
3. Synthesise trends observed and commentary on interpretation	To provide a synthesis of key trends observed from the review of interventions (components 1 and 2) as well as a critical analysis of these trends.

## 2. BACKGROUND

### 2.1. People with Disabilities and Older People in Humanitarian Contexts

It is estimated that 15% of the world's population – over one billion people – live with some form of disability<sup>6</sup>. In contexts of conflict, displacement and humanitarian emergencies, higher rates of disabilities are seen resulting from conflict or disaster-related impairments and lack of access to services<sup>7</sup>. It is estimated that among the 66 million people forcibly displaced in 2016, 13 million were people with disabilities<sup>8</sup>.

The UN Convention on the Rights of Persons with Disabilities (CRPD, 2006) has an inclusive definition of persons with disabilities, including those who “have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis”.<sup>9</sup>

Older men and women are those aged over 60 years, according to the UN, though a definition of ‘older’ can vary in different contexts and culture and ageing can be accelerated by living in a prolonged crisis<sup>10</sup>. More than 46 percent of older people have disabilities, including more than 25 million experiencing moderate to severe disabilities<sup>11</sup>. Higher disability rates are experienced by older people due to several factors including: health risks across lifespan, injury and chronic illness, among others. In addition to functional difficulties, older people faced ageist attitudes where their needs are often overlooked in humanitarian interventions.

Despite being significant population groups, older people and people with disabilities are often invisible in humanitarian action. They face numerous social, attitudinal, environmental and institutional barriers to participate and access humanitarian assistance, putting them at higher risk of exclusion. A study by Humanity & Inclusion (previously Handicap International) in 2015<sup>12</sup> found that 75% of people with disabilities believe they are excluded from humanitarian responses to emergencies like natural disasters and conflicts. During emergencies and humanitarian crises, older people are often separated from their families, are cut off from services, suffer from physical and psychological distress and have specific health and nutritional needs that are often not met, affecting their chance of survival and wellbeing.

#### Intersectionality

Understanding that disability, gender and age, among other identities (ethnicity, refugee status, etc) are universal determinants that are interrelated and have an impact on the realisation of rights, it is important to consider how the combination of these factors impact on people's needs and exposure to risks and capacities, especially during emergencies. For example, girls, older women and women with disabilities are amongst the most vulnerable and marginalised. They may be particularly exposed to targeted violence, abuse and exploitation, particularly when displaced, or during a crisis.

<sup>6</sup>WHO, World Bank, World (2011), World Report on Disability

<sup>7</sup>Handicap International (2015) Disability in humanitarian context: Views from affected people and field organisations

<sup>8</sup><https://www.womensrefugeecommission.org/disabilities>

<sup>9</sup>UNCRPD (2006), Convention on the Rights of Persons with Disabilities <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

<sup>10</sup>UNDP, HelpAge International (2012), Ageing in the Twenty First Century: A celebration and a challenge

<sup>11</sup>UN Department of Economics and Social Affairs <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>

<sup>12</sup>Handicap International (2015) Disability in humanitarian context: Views from affected people and field organisations

## 2.2. Disability, Age and WASH in humanitarian contexts

In contexts of conflict or unrest, access to water and sanitation can be severely impacted, which can lead to increased instances of disease and death, and lack of hygiene can contribute to diarrheal diseases and other infectious diseases<sup>13</sup>. As such, the provision of safe water, adequate sanitation and improved hygienic conditions is very important in avoiding excess morbidity and mortality. This is especially true where people are more susceptible to illness and death from disease due to the exacerbation of these risks in humanitarian contexts.

Despite the immensity of this problem, there is evidence to suggest that people living with disabilities and older people are at a disproportionately greater risk of not having adequate access to water and sanitation<sup>14,15</sup>. Though access to water and sanitation is a fundamental human right (see section 2.3.), they continue to face numerous barriers to access humanitarian WASH services.

A 2015 survey by Humanity & Inclusion (previously Handicap International) found that while WASH was identified as a priority by 62% of respondents (people with disabilities in humanitarian contexts), only 30% reported having full access. Further, only 36% of WASH humanitarian actors responded that basic WASH services were accessible. Making WASH more accessible for all by applying the universal design<sup>16</sup> principles, not only benefits people with disabilities and older people, it benefits the entire community by enabling good health and minimising the spread of disease. Furthermore, provision of safe, inclusive and accessible WASH promotes dignity and wellbeing. It is also well documented that a lack of access to safe and clean water and sanitation facilities leads to exclusion in society, including reduced opportunities for livelihoods and education, especially for people with disabilities who face increased marginalisation and exclusion.<sup>17</sup>

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<sup>13</sup>Sphere Handbook (2018)

<sup>14</sup>OHCHR (2011), Human Rights of Older Persons- Report of the Secretary General: <https://www.ohchr.org/en/issues/olderpersons/pages/olderpersonsindex.aspx>

<sup>15</sup>WHO, World Bank, World (2011), World Report on Disability

<sup>16</sup>Universal design is the design of products, environment, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design (UN CRPD (2006), Article 2). <http://universaldesign.ie/Built-Environment/Building-for-Everyone/>

<sup>17</sup>Pryor, W., et al., The Case for Investment in Accessible and Inclusive WASH. UNICEF, New York, 2018. : [https://www.unicef.org/disabilities/files/UNICEF\\_The\\_case\\_for\\_investment\\_in\\_accessible\\_and\\_inclusive\\_WASH\\_Technical\\_paper.pdf](https://www.unicef.org/disabilities/files/UNICEF_The_case_for_investment_in_accessible_and_inclusive_WASH_Technical_paper.pdf)

## 2.3 WASH is a Human Right for ALL: Guiding Frameworks and Standards

Access to clean drinking water and sanitation is recognised as a human right, and fundamental to the attainment of other rights by the United Nations General Assembly<sup>18</sup>. In a humanitarian context, the rights to water and sanitation are further reflected by several international human rights instruments, including **Human Rights Law** and **International Humanitarian Law**; affirming that access to safe water is a human right for all people, including those with disabilities and older people.

The right to clean water and sanitation for older people is also supported by the **Human Rights of Older Persons**<sup>19</sup>. For people with disabilities, the right to water and sanitation is reinforced in the **UN Convention on the Rights of Persons with Disabilities (CRPD)**<sup>20</sup>. The CRPD sets out a number of principles relevant to humanitarian action<sup>21</sup>. Provisions of particular relevance to WASH in humanitarian contexts include:

- Article 9: access to services, facilities and information (accessibility)
- Article 11: protection and safety of persons with disabilities (situations of risk and humanitarian emergencies)
- Article 28: “ensure equal access...to clean water services” (adequate standard of living and social protection)

Further efforts to improve the living conditions of people with disabilities during emergencies include the launch of the **Charter on the Inclusion of Persons with Disabilities in Humanitarian Action**<sup>22</sup> in 2016 at the UN World Humanitarian Summit in Istanbul.

The rights-based approach is also reflected in the global commitments of the **Sustainable Development Goals (SDGs)**, which recognises that participation and inclusion of all persons, including persons with disabilities and older persons, are central elements to ensure that “no one is left behind”. Of relevance to inclusive WASH:

- SDG 6 (ensure access to water and sanitation for all)
- SDG10 (reduce inequalities)
- SDG11 (Accessible water resources)

In line with the SDGs, it is important to mention that the **Sendai Framework for Disaster Risk Reduction** was the first internationally endorsed framework that consistently includes people with disabilities in line with the CRPD obligation.

**The Sphere Handbook**<sup>23</sup> sets both principles and foundations, related to a Humanitarian Charter and a set of Protection Principles to inform humanitarian action. The Core Humanitarian Standards contain commitments to support accountability across all sectors, including in WASH. The rights of people with disabilities are a cross-cutting theme within the Sphere Handbook, both in mainstreamed and targeted actions.

Specific Age and Disability Inclusion Standards and Approaches are discussed in the next section, which supplement existing frameworks, standards and guidance discussed.

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<sup>18</sup>The human right to water and sanitation: Resolution adopted by the General Assembly on 28 July 2010

<sup>19</sup>General Assembly resolution 65/182 of December 2010: <https://www.un.org/development/desa/ageing/issues/rights-of-older-persons.html>

<sup>20</sup>CRPD (2006): <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

<sup>21</sup>CRPD Article 3: Respect inherent dignity; Autonomy and independence; Non-discrimination; Full and effective participation and inclusion in society; Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; Equality of opportunity; Accessibility; Equality between men and women; Respect for the evolving capacities of children with disabilities

<sup>22</sup>Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016): <https://humanitariananddisabilitycharter.org/wp-content/themes/humanitarian-disability-charter.org/pdf/charter-on-inclusion-of-persons-with-disabilities-in-humanitarian-action.pdf>

<sup>23</sup>Sphere Handbook, 2018: <https://www.spherestandards.org/handbook-2018/>

## 2.4. Age and Disability Inclusion Standards and Approaches

### Humanitarian Inclusion Standards (HIS)<sup>24</sup>

The Humanitarian Inclusion Standards (HIS)<sup>25</sup> for older people and people with disabilities were developed by the Age and Disability Capacity Programme (ADCAP), an initiative of the Age and Disability Consortium, a group of seven agencies<sup>26</sup> that promote the inclusion of people with disabilities and older people in humanitarian action. The HIS were developed to complement existing standards and frameworks in international humanitarian law, human rights law, conventions, such as the CRPD, and standards, including the Core Humanitarian Standards for Quality and Accountability (CHS), the Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response. They also complement Protection Mainstreaming Principles of promoting meaningful access, safety and dignity in humanitarian aid.

The standards consist of nine key inclusion standards, as follows: 1) Identification; 2) Safe and Equitable Access; 3) Resilience; 4) Knowledge and Participation; 5) Feedback and Complaints; 6) Coordination; 7) Learning; 8) Human Resources and 9) Resources Management.

It also sets sector-specific inclusion standards, including for **water, sanitation and hygiene standards**, which are structured around three key dimensions of inclusion, namely:

- 1) Collection of Information
- 2) Addressing Barriers
- 3) Participation and Resilience

These are detailed further in the Methodology section as they are used an analysis framework for this Rapid Review. It should be further noted that the sector-specific standards should be read in conjunction with the nine key standards and the Sphere Minimum standards in WASH.

### Twin Track Approach

The HIS also promotes a twin-track approach to including older people and people with disabilities. As it is crucial for humanitarian responses to “take into consideration the particular abilities, skills, resources and knowledge of individuals with different types and degrees of impairments and needs”<sup>27</sup>. This requires both (1) targeted and (2) mainstreamed responses which make up the two tracks. As such, a twin track approach that:

1. provides specific interventions **targeted** at older people and people with disabilities, to support their access and empowerment, while also
2. integrating age- and disability- sensitive measures into policies and within all stages of the programme. **Mainstreaming** a range of actions can make interventions more inclusive of people with disabilities and older people in all phases of the humanitarian response.

<sup>24</sup>ADCAP HIS: <https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities>

<sup>25</sup>ADCAP HIS: <https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities>

<sup>26</sup>ADCAP Consortium members include: CBM, DisasterReady.org, Handicap International, HelpAge International, International Federation of Red Cross and Red Crescent Societies (IFRC), Oxford Brookes University and RedR UK

<sup>27</sup>Sphere Handbook, 2018: <https://www.spherestandards.org/handbook-2018/>

## 3. METHODOLOGY

The Rapid Review was conducted between April 3 – May 3, 2019. The review adopted qualitative methods including a secondary data desk review and key informant interviews.

### 3.1. Desk Review

A comprehensive desk review was conducted to review available reports, documents, evaluations, literature and any other content found related to inclusive practices in WASH interventions in humanitarian action.

#### Inclusion Criteria

- Documents in English or French
- Published no earlier than 2010
- Related to humanitarian WASH interventions
- All phases of humanitarian action (DRR, preparedness, response and early recovery)
- All geographical locations
- All types of WASH interventions

#### Exclusion Criteria

Documents or publications that were exclusively related to general WASH interventions, to situational analysis or updates, or press releases with no documented component of disability and older age inclusion were excluded from the review.

#### Word Search parameters

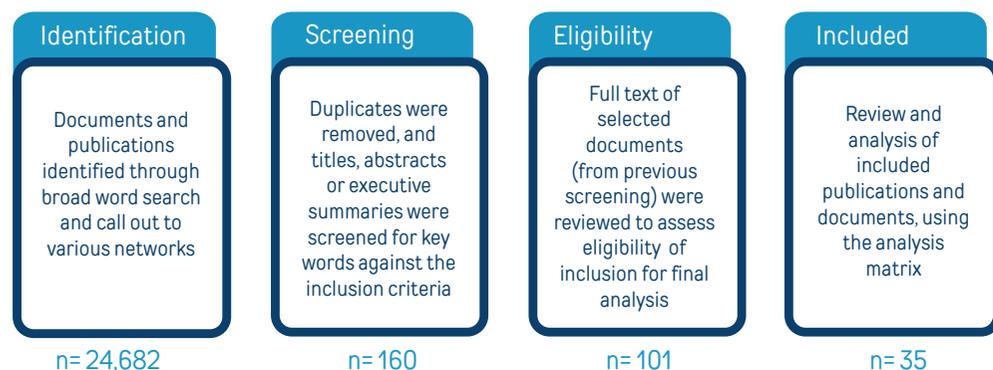
- A combination of the following concepts and words were used in the search, and varied depending on the source of the database or site:
- disability, persons with disabilities, people with disabilities, older people, older persons, elderly, women with disabilities, girls with disabilities, inclusion, barriers, accessibility, inclusive practices and gaps, understanding users
- humanitarian, emergency, disaster, crisis
- WASH assessments, WASH interventions, handwashing, water, sanitation, hygiene, menstrual hygiene, latrines, water points, inclusive WASH

#### Search Strategy

- 1) The search for inclusive WASH interventions included an extensive search of the grey literature published on UNHCR data portal, Humanitarian Response Portal, ReliefWeb, Global WASH Cluster, SuSanA, WEDC, WaterAid and Inclusive WASH, UNICEF, Google Scholar, MedBox, general google search of key words and websites from mainstream humanitarian actors.
- 2) A call for documents related to inclusive interventions to WASH networks and humanitarian actors was launched to solicit reports and other documents produced by and for humanitarian actors.

## Document Selection

All publications and documents identified through the search process were added to an excel database for selection and analysis. The following process of selection was followed:



Overall, the search produced 24,682 documents identified through the online search and call to humanitarian networks. The initial screening process resulted in 160 documents. Of these, duplicates and documents that were either not related to WASH, to a humanitarian setting and had no mention of disability or age were removed. As a result, a total of 101 documents were shortlisted for additional analysis. These documents were reviewed to assess their eligibility for the final analysis based on some evidence of inclusive actions. A total of 35 documents / interventions fit the criteria for analysis and were included in the review. All documents and interventions included in the review are referenced in Section 7.

## 3.2. Key Informant Interviews (KII)

Based on the initial review of the literature, key informant interviews (KIIs), with purposefully selected stakeholders (from programmes/ interventions with demonstrated positive inclusion practices), were planned to further investigate and develop case studies. A total of eleven organisations were identified and solicited for KIIs and/or for additional information. Only four KIIs could be arranged during the timeframe of the Rapid Review, while others provided additional information or documents. The KIIs were conducted with the following organisations:

- Humanity & Inclusion
- Field Ready Fiji
- Concern Worldwide Pakistan
- HelpAge International Pakistan

## 3.3. Limitations

This review was based on literature, information and documents that were available in the public domain and that were shared through the call for documents, with follow-up KIIs with purposefully selected actors. However, important gaps in the literature on inclusive WASH interventions in humanitarian contexts were found. Additionally, challenges in arranging KIIs with some of the identified stakeholders were encountered due to numerous reasons, mainly: staff turnover or relevant staff not available during the timeframe of the Rapid Review and in some cases, no response received. Thus, the findings reflect practices from available interventions, which are likely not exhaustive and not reflective of all the inclusive WASH interventions implemented in humanitarian action.

### 3.4. Analysis Framework

As per the Terms of Reference for this Rapid Review, the Humanitarian Inclusion Standards (HIS) for Older People and People with Disabilities were used as a common framework of analysis for this work. The HIS WASH sector-specific inclusion standards are structured around three key dimensions of inclusion. Table 2 gives a summary of these areas, including key actions and guidance notes for each.

Table 2: WASH Humanitarian Inclusion Standards (HIS)

HUMANITARIAN INCLUSION STANDARDS (HIS) FOR OLDER PEOPLE AND PEOPLE WITH DISABILITIES		
WASH INCLUSION STANDARDS	KEY ACTIONS	GUIDANCE NOTES
<p><b>1. Collection of Information</b></p> <p><i>Older people and people with disabilities have their wash-related capacities and needs identified and monitored</i></p>	<p>1.1 Adapt WASH assessment and monitoring tools to collect information on the capacities and needs of older people and people with disabilities.</p>	<ul style="list-style-type: none"> <li>• Disaggregate data by sex, age, disability</li> <li>• Collect data on barriers and enablers</li> <li>• Monitor barriers and enablers</li> <li>• Share information</li> </ul>
	<p>1.2 Include older people and people with disabilities in WASH assessments and monitoring activities</p>	<ul style="list-style-type: none"> <li>• Consult with older men and women and men, women, girls and boys with disabilities in WASH assessments</li> </ul>

<p><b>2. Addressing Barriers</b></p> <p><i>Older people and people with disabilities have safe and dignified access to water supplies, sanitation facilities and hygiene promotion activities</i></p>	<p>2.1 Design, construct and adapt accessible water supply and sanitation facilities</p>	<ul style="list-style-type: none"> <li>• Design and construct new facilities based on accessibility standards</li> <li>• Adapt existing facilities</li> <li>• Ensure facilities are private and safe</li> <li>• Accessible information</li> <li>• Allocate budget for accessibility</li> </ul>
	<p>2.2 Review and adapt distribution methods and supplies to provide safe and equitable access for older people and people with disabilities</p>	<ul style="list-style-type: none"> <li>• Accessible distribution of water, sanitation and hygiene supplies</li> <li>• Provide adapted water, sanitation and hygiene supplies based on identified need</li> <li>• Accessible information: range of channels and formats</li> <li>• Outreach strategies</li> <li>• Tailored hygiene promotion</li> </ul>
	<p>2.3 Sensitise the community, staff, and partners on the right of older people and people with disabilities to access WASH activities and services</p>	<ul style="list-style-type: none"> <li>• Conduct sensitisation on rights, barriers, capacities, needs, etc of older people and people with disabilities (or collaborate with organisations who represent these groups)</li> </ul>
	<p>2.4 Build capacities of staff and partners to make WASH services, facilities and programmes inclusive of older people and people with disabilities</p>	<ul style="list-style-type: none"> <li>• Provide professional training to staff working on WASH programmes on inclusion. Example: how to design, construct or adapt WASH facilities, etc.</li> </ul>
<p><b>3. Participation and Resilience</b></p> <p><i>Older people and people with disabilities participate in WASH activities</i></p>	<p>1.2 Strengthen the WASH-related capacities of older people and people with disabilities</p>	<ul style="list-style-type: none"> <li>• Strengthen good practice and provide opportunities for people to develop their skills / capacities</li> </ul>
	<p>1.3 Support the participation of older people and people with disabilities in WASH programmes and related decision-making</p>	<ul style="list-style-type: none"> <li>• Participation in programmes and decision making</li> </ul>

## 4. FINDINGS

This chapter presents the findings related to the landscape of the literature reviewed on inclusive WASH in humanitarian action in a first section (Section 4.1). In the second section (Section 4.2), findings related to the inclusive actions and practices identified in the review, using the Humanitarian Inclusion Standards (HIS) as the overarching analysis framework are presented.

### 4.1. Landscape of the literature on inclusive WASH in humanitarian action

There is an increasing body of literature available related to inclusive WASH interventions in development settings, with important contributors such as Water Aid and the Water Engineering and Development Centre (WEDC), among others. However, there are **significant gaps in the literature on inclusive WASH interventions in humanitarian contexts**. This lack of evidence could be due to a real gap in the implementation of inclusive interventions and / or that inclusive actions are not well documented and disseminated.

This review further revealed a lack of available literature relating to the impact and outcomes of inclusive WASH interventions. As many of the documents / interventions reviewed did not describe mainstreamed initiatives, it was difficult to analyse the outcome and impact of inclusion in WASH programmes. While there was anecdotal evidence of positive outcomes from interventions, such as increased ease of access, it was difficult to objectively quantify these outcomes. This could be due to the limited practice of routine data collection and monitoring and evaluation on age and disability, mainstreamed throughout the project cycle. As such, examples of good practices are often isolated examples demonstrating only some dimensions of inclusive practice.

The type of documents selected and included in the review included:

- Needs assessments/ Situational Analysis
- Guidance and Good Practice documents
- Case Studies
- Research
- Project Reports and Evaluations.

The types of interventions and activities reported in these documents ranged from specific WASH interventions by WASH actors, to actors with technical expertise in age and disability filling a gap through assessments and/or technical support, with integrated WASH components.

The majority of interventions were related to the Response phase of humanitarian action, while few interventions were related to Preparedness/ Disaster Risk Reduction (DRR). The contexts varied from camp settings to host communities and other affected communities. Many of the interventions were addressing the needs of displaced populations and host communities. The details of each document / intervention will not be outlined in this section, however inclusive components of the interventions are presented in the following section (4.2) and the complete list of documents and interventions reviewed is provided in References (Section 7).

### 4.2. Inclusion of people with disabilities and older people in humanitarian WASH interventions

This review did reveal a general awareness and efforts towards inclusive WASH interventions in humanitarian action; this section will focus on the inclusive actions and practices identified.

As per the Terms of Reference for this review, the inclusion of people with disabilities and older people in WASH humanitarian interventions were analysed using the Humanitarian Inclusion Standards (HIS) as an overarching framework for analysis. As such, the findings are structured around the three main HIS WASH-specific standards and, additionally, Coordination<sup>28</sup>(as a key HIS that emerged from the review):

1. Collection of Information
2. Addressing Barriers
3. Participation and Resilience
4. Coordination

<sup>28</sup> HIS Key Standard 6

## 4.2.1. Collection of Information

Older people and people with disabilities have their WASH-related capacities and needs identified and monitored<sup>29</sup>

Key Findings for Collection of Information:

- Some data collection on people with disabilities and older people are collected, however the method, type of data collected and how they are disaggregated vary widely. A standard approach for data collection is not widely adopted and implemented by WASH actors.
- The practice of collecting disability data using the Washington Group Questions (WGQ) was mainly reported or found in assessments conducted by specialised organisations (HI, CBM, HelpAge). A few WASH actors collected disability data using the WGQ, with the support from specialised organisations, however the practice is not widely adopted.
- Data on sex and disability is more commonly collected, while considerably less data is available on age, specifically disaggregated by older age groups.
- Limited examples of WASH actors using disaggregated data on sex, age and disability to inform their programming and to monitor access and other outcomes related to inclusion.
- There is an important focus on conducting technical accessibility audits or assessments to identify physical barriers related to WASH.
- Barriers and facilitators assessments are often incorporated in age and disability assessments, conducted in specific contexts by specialised organisations, such as HI, CBM and HelpAge. While they do not focus exclusively on WASH, they provide an overview of barriers faced in accessing services, including WASH.
- Some WASH actors conducted barriers and facilitators assessments, often with technical support from HI, CBM or HelpAge, however this is not common practice.
- Information on institutional, attitudinal and communication barriers is not well documented. Additionally, limited attention to gender-specific barriers and limited interventions linking GBV and WASH were found.
- Examples of participatory consultations and participatory accessibility assessments were found in the review; however, it was not as a consistent practice.

<sup>29</sup>WASH Humanitarian Inclusion Standard (HIS)

## Data collection practices to identify people with disabilities and older people

Data are collected through different entry points: either through Cluster / coordination mechanisms as part of larger vulnerability assessments, or as part of a specific program where households with people with disabilities were identified, or through project baseline assessments and finally, through disability and age specific assessments. The latter mainly being conducted by specialised organisations, such as HI, CBM and HelpAge. These specific assessments were conducted to understand the situation of people with disabilities and older people in specific contexts, which incorporated some component of WASH. However, as they typically do not directly implement WASH activities, the focus was not specific to the WASH sector, including the technical aspects of WASH.

The type of questions to identify people with disabilities vary greatly. Some assessments used the Washington Group Questions (WGQ)<sup>30</sup> while most used questions such as:

- “do you have a disability? Yes or No” or
- “are there any of the household members who is a person with a disability? If yes, what type of disability?”.

In some interventions, it was unclear how people with disabilities and older people were identified and how the data was collected. In many cases, they were combined or grouped as “vulnerable” or “persons with specific needs”. Some interventions reported having inadequate methods of identification, resulting in difficulty with implementing an inclusive response.

In general, literature on inclusion of older people is scarcer than that for those with a disability. Age disaggregation is not well documented. It is often referred to by categories such as “adult” and “child” with no specific age ranges, and where disaggregation is documented, older age groups are often not included.

## Use of data on disability and age

Data collected on disability and age are mainly used either for identification, for prioritisation, as part of a vulnerability criteria for targeting, for referral to specialised or mainstream services, or as part of a situational analysis / specialised assessments. Data have also been used in advocacy efforts to influence adjustments on WASH interventions through WASH cluster coordination mechanisms.

In most cases, it was not well documented how exactly data were used to inform inclusive programming and monitoring. Only a few examples by mainstream WASH actors, who had partnered with specialised organisations, mentioned that disability data were collected using WGQ, then disaggregated by sex, age, disability, and used to inform activities or programming (Box 1)

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<sup>30</sup>The Washington Group Questions (WGQ) short set of six questions is a tool that can be used to identify people who have difficulties in basic, universal activities including: seeing, hearing, walking, remembering or concentrating, self-care and communicating. The data can then be disaggregated by disability status. The short set of questions was originally designed for use in national census but has more recently been piloted in a number of humanitarian contexts. Other tools developed by the group are the extended set of questions on functioning (incorporating a wider range of functional domains); and the module on child functioning (for children aged 2–17, developed in conjunction with UNICEF) <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

Box 1: Examples of WASH actors using sex, age, disability disaggregated data to inform programming, in Pakistan and Bangladesh

- **Concern Worldwide Pakistan:** Through their RAPID Fund project, Concern Worldwide Pakistan adapted their WASH programme, largely based on data collected and disaggregated by sex, age and disability, leading to more inclusive programming. Further details are provided in a case study (Annex 8.1)
- **Oxfam Australia Cox Bazar, Bangladesh<sup>31</sup>:** As part of their response to the Rohingya crisis, Oxfam conducted a household survey to collect data on disability using the WGQ. This data allowed Oxfam to provide better support (i.e. consultation for site selection of latrines; provision of commode chairs for older people and people with disabilities; involvement of people with disabilities in listening groups, prioritisation of people with disabilities). Oxfam further reviewed their response indicators as a result of this data.

### Collection of information on barriers and facilitators

The majority of data collected on barriers are conducted through accessibility assessments in order to identify physical barriers to access WASH. These assessments are often conducted by specialised organisations (HI, CBM) in support of/ or in partnership with WASH actors.

General identification of barriers to access services was also found to be incorporated in age and disability specific assessments<sup>32</sup> most often conducted by specialised organisations, such as HI, CBM and HelpAge in specific contexts. While the assessments were not primarily focused on WASH, they provided general information about barriers to access numerous services, including access to water and sanitation. As such, these types of assessments can provide some insights and can support WASH actors in better understanding the situation of people with disabilities and older people in a specific context. In turn, they can be used as entry points to support further initiatives and inclusion efforts by WASH actors.

A list of the common barriers to access WASH identified in these assessments (from various contexts) (Box 2):

Box 2: Common barriers to access WASH for people with disabilities and older people

#### Services are not adapted or accessible

- Lack of specific items (e.g. commode chairs or bedpans, water containers) or private facilities available
- Latrines, bathing areas and water points are not accessible (not meeting universal design standards)

#### Distance to access water and sanitation

- Water points and sanitation facilities located at a far distance and/ or difficult to access due to poor accessibility of roadway

#### Financial barriers / Service too expensive

- Mainly related to insufficient, unavailable or inaccessible safe water, requiring beneficiaries to purchase water posing additional financial burden on their household.

#### Lack of safety

- Lack of lighting at sanitation facilities makes it challenging to access especially at night
- No locks on the latrines

#### Lack of information on services

- Information not available and/or accessible

#### Negative attitudes / stigma / discrimination

- Being intimidated or mocked when using services

<sup>31</sup>References, Section 7: AHP (2018), AHP (2019)

<sup>32</sup>References, Section 7: ASB (2018), HelpAge (2018a, 2018b, 2019), HI (2018a, 2018b, 2019), IOM / HI (2018)

While comprehensive barriers and facilitators assessments are often not conducted by WASH actors, **some WASH actors did conduct barriers and facilitators assessments in an effort to inform their interventions.** For example, the Centre for Disability in Development (CDD) in Bangladesh<sup>33</sup> conducted a baseline assessment of WASH access during flood times for people with disabilities (Case Study in Annex 8.1). Another example worth noting is from UNICEF and the WASH Sector Coordination Unit in Cox's Bazar, Bangladesh<sup>34</sup>, who commissioned a comprehensive Gender, GBV and Inclusion Assessment, which highlighted gaps, opportunities in the WASH response, including key barriers faced by people with disabilities and older people in accessing WASH services. This could be a good entry point for the sector to integrate the findings in making action plans to address inclusion more meaningfully.

**Information on institutional, attitudinal and communication barriers is not well documented.** Barriers for people with mobility/orientation, intellectual or communication issues were also not documented and overlooked.

**Additionally, not much attention to gender-specific barriers were found,** despite it being recognised that women with disabilities and older women can face different and additional barriers to men with disabilities and older men. **Limited interventions linking GBV and WASH were found.** One example was found in the assessment in Cox's bazar<sup>35</sup> (mentioned in the previous paragraph). Another example by a consortium approach in Bangladesh between CARE International, CBM with the Centre for Disability in Development (CDD), and Oxfam<sup>36</sup>, who partnered in a joint program focusing on the provision of basic water supplies, sanitation and hygiene needs, and protection services for women and girls. With the involvement of CBM, the program adopted an inclusion lens (See Box 11 for additional information on this consortium).

### Participation and consultation of older people and people with disabilities in data collection and assessments

**Participatory consultations and participatory accessibility assessments to gain a better understanding of user experiences were not found to be a consistent practice.** Some examples were found by World Vision in Uganda<sup>37</sup> and Action Contre La Faim (ACF) in Liberia<sup>38</sup> for example, who conducted key informant interviews and focus group discussions with people with disabilities and older people before the implementation of the activities to identify physical barriers related to WASH. They also conducted participatory accessibility assessments before the work and audits of the completed work to ensure they met the needs of beneficiaries.

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<sup>33</sup>References, Section 7: Bari, N. & Saha, B. (2010)

<sup>34</sup>References, Section 7: House, S, UNICEF (2019)

<sup>35</sup>References, Section 7: House, S, UNICEF (2019)

<sup>36</sup>References, Section 7: AHP (2018), AHP (2019)

<sup>37</sup>References, Section 7: World Vision (2016)

<sup>38</sup>References, Section 7: Moyenga, D. & Rudge, L. (2011)

## 4.2.2. Addressing Barriers

Older people and people with disabilities have safe and dignified access to water supplies, sanitation facilities and hygiene promotion activities<sup>39</sup>

### Key Findings for Addressing Barriers:

- The review shows evidence of interventions that have aimed at reducing barriers to access and participation through implementation of the following key actions (to varying degrees):
  - Designing and constructing accessible WASH facilities
  - Provision of adapted supplies and assistive devices
  - Sensitisation and Capacity building
  - Budget Allocation
- The most common barrier addressed by actors is the physical access to sanitation facilities by designing, constructing and adapting latrines, including some innovative approaches.
- Some positive actions related to provision of adapted equipment (mobility devices, sanitation and hygiene supplies) are being implemented in some interventions, however targeted support is not a common or standard practice by WASH actors.
- The response to address incontinence in general, and especially for people with disabilities and older people, is largely inadequate.
- The response to address menstrual hygiene for girls and women disabilities in humanitarian action is also largely lacking, as no inclusive interventions were found addressing this.
- Evidence of adapting service delivery methods to promote access to water or hygiene promotion (i.e. provision of accessible information, outreach, tailoring hygiene messages, etc) was largely lacking.
- No evidence of the use of varied communication channels and formats to communicate information and no interventions were found to address financial barriers to access WASH.
- Sensitisation of households, communities, staff and partners was not found to be a prevalent common practice, despite some documented attitudinal barriers and discrimination faced by people with disabilities and older people in the community.
- Despite capacity building of staff and partners on universal design and accessibility standards being a common practice, their capacity to translate it into practice remains limited without further technical support and follow up coaching.
- The allocation of appropriate budget for inclusion was rarely found/ practiced.

<sup>39</sup>WASH Humanitarian Inclusion Standard (HIS)

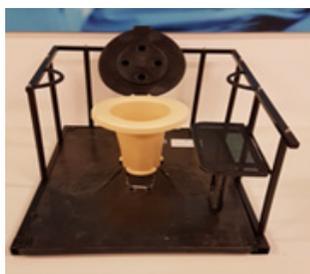
### Designing, constructing and adapting accessible WASH facilities

The most common barrier addressed by actors is related to the physical access to sanitation facilities by designing, constructing and adapting latrines, more specifically: retrofitting of existing WASH points and building new latrines (mobile and fixed). In some cases, latrines were provided to individuals, at the household level. In other cases, they were built in communities as latrine blocks (e.g. at schools, child friendly spaces, health facilities or other community locations).

In terms of innovation in emergency WASH response, two larger-scale latrine projects which considered adaptations were found (Box 3):

#### Box 3: Examples of innovative larger-scale latrine projects for emergency WASH response

- The global UNICEF WASH and Education Innovation Supply Division are developing accessible latrine designs that can be used from the initial stages of the emergency. A trial will be done in Cox Bazar for a period of 6 months to assess how they support users with different disabilities. These have also recently been tested in the emergency response in Mozambique, from which data will be collected. Here are examples of the developed seated latrines with rails being tested:



Photos show two designs for accessible toilet pans made with different materials. Both include handrails. Photos provided by UNICEF

- Field Ready (Fiji)<sup>40</sup>: Field Ready is implementing a project aimed to design an emergency latrine integrated component system best-suited to the Fijian context. The concept of the design has to be: inexpensive, light, quick and easy to install, stackable, locally manufactured, community accepted, and have features to make it easily usable by people with disabilities. Following consultations with numerous stakeholders, including OPDs, one frontrunner product has been identified. The design incorporates a latrine slab/riser unit and latrine rail to ensure that all users can use these emergency latrines safely and with dignity. Examples of their prototype and adaptations



Photos show two computer-generated designs for toilet pans. One design includes handrails and is portable. Photos provided by Field Ready

<sup>40</sup>References, Section 7: Field Ready (2018)

The review revealed a **gap in information on interventions addressing inclusive access to water points**. One intervention in a Disaster Risk Reduction Project in Bangladesh by Centre for Disability in Development (CDD)<sup>41</sup> (Case Study in Annex 8.1), addressed water supplies by providing accessible flood proof housing (including tube wells) to people with disabilities as part of their intervention.

Furthermore, a common understanding of accessibility seems to be **mainly based on physical access** as there was no evidence or mention of how designs are taking into account and integrating universal design<sup>42</sup> concepts, to ensure all people can have access, including accessible information and accessible for people with different types of impairments.

### Provision of adapted supplies and ensuring service delivery is accessible to promote safe and equitable access to WASH

Some positive actions related to provision of adapted equipment (mobility devices, sanitation and hygiene supplies) are being implemented in some interventions, however this is not common or standard practice by WASH actors. The provision of mobility devices (wheelchairs, crutches, knee pads, walking sticks, tricycles) to facilitate access to WASH facilities was identified to varying degrees by World Vision and partners in Uganda, by the Centre for Disability and Development (CDD) in Bangladesh (Case Study in Annex 8.1) and by UNICEF in South Sudan. Furthermore, provision of sanitation supplies such as commode chairs, urine containers, bedpans were found to be provided mainly by HI and HelpAge. However, limited mention of adapted water supplies was found in the review. Only one example from HelpAge in Pakistan<sup>43</sup> was documented where adapted water containers were provided to older people to facilitate access to water.

The response to address incontinence<sup>44</sup> in general, and especially for people with disabilities and older people is largely lacking, despite the significant need and impact of this condition on those affected. One idea piloted by HI in Iraq in 2015 included distribution of washable diapers/incontinence underwear (Box 4).

#### Box 4: Example of distribution of incontinence products in Iraq<sup>45</sup>

In 2015, HI identified the lack of availability and affordability of diapers for children and adults with disabilities and for older people with incontinence. As such, HI distributed washable diapers (children and adult sizes), including water, soap and containers for their washing. A tailor working in the community made the reusable diapers, following HI's guidance. Families were given two diapers and 20 cotton inserts, and were trained on how to use and wash them. Action Against Hunger provided hot water tanks in some camps so families could easily wash the diapers.

Although this pilot faced some challenges (e.g. difficult access to constant water supply, environmental challenges related to weather and washing/ drying of diapers) and did not manage to scale up or replicate, it does illustrate that some of the specific needs of people with disabilities and older people, including managing incontinence, is not well addressed in the response by WASH actors and warrants further investigation.

Adult incontinence needs are rarely part of hygiene kits or addressed in mainstream WASH interventions. Dignity kits typically contain diapers that mothers can use for children, but not adult sized diapers. However, another interesting example of addressing incontinence is captured in Hafskold, B. et al (2016)<sup>46</sup>, which highlights efforts made by Norwegian Church Aid (NCA) in Lebanon and Liberia. NCA's project primarily focused on distribution of menstrual hygiene kits, however due to the identified need of older people for incontinence care, they integrated incontinence needs in their distribution of underwear, larger disposable pads, reusable sanitary pads, or cloth for soaking up fluids.

<sup>41</sup>References, Section 7: Bari, N. & Saha, B. (2010) / Annex 8.1

<sup>42</sup>Universal Design: The design of products, environment, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design (UN CRPD [2006], Article 2), <<http://universaldesign.ie/Built-Environment/Building-for-Everyone>>.

<sup>43</sup>References, Section 7: ADTF (2011)

<sup>44</sup>Incontinence is when a person cannot control the flow of urine and/or faeces voluntarily. The severity and causes of incontinence vary. Incontinence affects a wide range of people, particularly older people and persons with disabilities. It is often associated with stigma, shame and can impact overall quality of life and dignity. This impact is further exacerbated in humanitarian contexts. While people might have managed their condition effectively before the emergency or crisis, incontinence can become increasingly difficult to manage in humanitarian contexts due to the numerous barriers older people and people with disabilities face in accessing services, including WASH.

<sup>45</sup>References, Section 7: UNICEF (2017), Hafskjold, B. et al (2016)

<sup>46</sup>Reference: Section 7: Hafskjold, B. et al (2016).

Furthermore, **information or interventions addressing menstrual hygiene management (MHM) for girls and women with disabilities in humanitarian action were not found.** An interesting systematic review<sup>47</sup> explored the MHM requirements of people with disabilities (and their carers), the barriers they face, and the available interventions to help them manage their menstruation hygienically and with dignity. While this offered important insights, it was not related to humanitarian contexts. In humanitarian action, a project with International Rescue Committee, in collaboration with Columbia University's Mailman School of Public Health, developed a Menstrual Hygiene Management (MHM) in Emergencies Toolkit<sup>48</sup> with the aim to provide practical guidance to humanitarian actors. The toolkit provides a chapter on disability. It also includes an analysis of barriers and recommendations on how to be more inclusive in MHM programming.

**Evidence of adapting service delivery methods to promote access to water or hygiene promotion (i.e. provision of accessible information, outreach, tailoring hygiene messages, etc) was largely lacking.** One example was provided by UNICEF's WASH response in Za'atari camp (Jordan)<sup>49</sup>, where private water tanks were provided to households with children with disabilities and water supply delivery was prioritised. Furthermore, hygiene promotion activities were done through outreach to households where a member of the family with a disability was unable to attend the community sessions. No documented evidence was found related to implementing adapted hygiene messages to reflect the needs of older people and people with disabilities. Additionally, **no evidence of the use of varied communication channels and formats to communicate information** about WASH services or hygiene messages were found. Understanding that access to information is an important barrier in accessing WASH services (see previous section 4.2.1), the absence of accessible information further contributes to this barrier.

No interventions were found to address additional barriers, such as financial barriers, as highlighted in the previous section (see previous section 4.2.1). Financial barriers were mainly related to insufficient, unavailable or inaccessible safe water, requiring beneficiaries to purchase water posing additional financial burden on their household. As interrelated links exists between poverty, disability and WASH, reducing barriers to WASH can contribute to breaking this cycle, however no evidence of this type of intervention was found.

**More interventions focused on inclusion of disability, and considerably less focused on age inclusion. This highlights that a siloed approach to inclusion is often taken: interventions focus either on disability, gender or age without integrating these intersecting factors in a holistic approach.** A siloed approach to inclusion, thereby only working on inclusion from independent views of either gender, age, or disability limits the outcomes for inclusion. Knowing that gender, age, and disability intersect, and further intersects with additional dimensions of the person and context, a more holistic approach to inclusion is crucial.

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<sup>47</sup>Wilbur J, Torondel B, Hameed S, Mahon T, Kuper H (2019) Systematic review of menstrual hygiene management requirements, its barriers and strategies for disabled people. PLOS ONE 14(2): e0210974. <https://doi.org/10.1371/journal.pone.0210974>

<sup>48</sup>References, Section 7: Sommer, M., Schmitt, M., Clatworthy, D. (2017)

<sup>49</sup>References, Section 7: UNICEF (2015c)

### Sensitisation of communities, staff and partners on the rights of people with disabilities and older people to access WASH

Overall, sensitisation was not found to be a prevalent common practice, despite documented attitudinal barriers and discrimination faced by people with disabilities and older people within the household and community. This illustrates an important gap in achieving inclusion.

A few programmes (Islamic Relief Pakistan<sup>50</sup> and World Vision Uganda<sup>51</sup>) integrated general awareness efforts around inclusive WASH on World Water Day and International Day of Persons with Disabilities. One intervention that implemented sensitisation more substantially was the DRR project in Bangladesh by CDD<sup>52</sup> (Case Study in Annex 8.1). The project targeted community and local governments, which were sensitised on disability rights, barriers and accessible infrastructure. In Za'atari camp (Jordan), WASH actors (JEN, ACTED and Oxfam) with technical support from HI, implemented private (household) accessible latrines for people with disabilities. During this intervention, it was found that people with disabilities faced negative attitudes and marginalisation within their own households. A lesson learnt from this project was that sensitisation sessions to families at the household level are crucial in ensuring safe and dignified access to sanitation.

### Capacity building of staff and partners to make WASH services, facilities and programmes inclusive of people with disabilities and older people

The most common practice for capacity building is related to technical training on universal design and accessibility standards. These trainings are most commonly conducted by HI and CBM to external WASH actors to build their capacity on accessibility. This type of support provided by HI and CBM are common practice in numerous contexts. For example, in Pakistan<sup>53</sup>, HI set up an Accessibility Technical Unit to support other humanitarian actors with training and on-site technical inputs / support. HI's approach to support WASH actors was also documented in Bangladesh (Cox Bazar), South Sudan and Nepal among many other examples. In the Philippines, CBM built the capacity of field staff and governments, OPDs, and humanitarian organisations on the concepts of accessibility and universal design<sup>54</sup>. CBM also provides technical trainings on accessibility to WASH actors in Bangladesh Cox's Bazar, among others. In some cases, follow up and technical support throughout the construction phase is provided by HI and CBM, to build further capacity on accessibility standards.

Training and capacity building by WASH actors to their partners and/or to local contractors, labourers, engineers responsible for building WASH facilities on accessibility guidelines was also found in numerous interventions.

<sup>50</sup>References, Section 7: Akerkar, S. & Bhardwaj, R (2018)

<sup>51</sup>References, Section 7: World Vision (2016b)

<sup>52</sup>References, Section 7: Bari, N. & Saha, B. (2010)

<sup>53</sup>References, Section 7: ADTF (2011)

<sup>54</sup>References, Section 7: CBM (2014)

While there are many resources, guidance and standards on accessibility in WASH<sup>55</sup>, a gap exists in the capacity of WASH actors to translate these into practice. While capacity building of staff and partners is a positive practice, without further technical support, follow up and coaching, the level of change and adoption of inclusive practice remains limited. For example, in South Sudan, during the Barriers and Facilitators Joint Assessment conducted by International Organisation for Migration (IOM) and HI, it was noted that some efforts had been made by WASH actors to make latrines accessible in the camp, however they were not suitable or accessible for people with disabilities. This highlights a gap in awareness and technical capacity. However, many interventions did involve HI or CBM who provided technical support during the assessment and /or during the process of construction or adaption of latrines or sanitation blocks to ensure accessibility standards were implemented. A useful method used by HI in the approach to promote equitable access and accessibility is the mnemonic R.E.C.U., which stands for Reach, Circulate, Enter and Use.

Capacity building of staff and partners on mainstreaming and inclusive WASH more broadly was not well documented. Some examples of capacity building on inclusion standards and approaches were documented as part of the ADCAP project<sup>56</sup>. Another example from Arbeiter-Samariter-Bund (ASB)<sup>57</sup> Indonesia is highlighted in Box 5:

#### Box 5: Example of capacity building of OPDs to deliver inclusive WASH in Indonesia

Arbeiter-Samariter-Bund (ASB) Indonesia built the capacity of five local Organisations for People with Disabilities (OPDs) to become local partners in delivering inclusive WASH to the affected community. Topics of training included; Inclusive Humanitarian Response (why and how), Sphere Standards, Core Humanitarian Standards, Humanitarian Inclusion Standards, inclusive rapid assessment, and inclusive and accessible WASH.

Similar to a common approach taken for gender mainstreaming efforts, **embedding DOAI advisors within the program/ project from the beginning as a core component of organisation and programmes has been shown to support inclusive practice.** This was a key finding from the ADCAP project; that hiring and integrating inclusion advisors was considered a critical first step in building organisational acceptance, in building capacity and supporting inclusive programming.

#### Budget allocation for removing barriers

Budget allocation for inclusion is essential and often comprises only a small proportion of the total investment. However, **the allocation of appropriate budget was rarely reported/ found in the reviewed interventions.** There is limited information on whether special budgetary provisions were included at the outset of the project, allocated to reducing the barriers for people with disabilities and older people, or somehow integrated once the project was launched. Only one example from World Vision in Jordan reported on the benefits of planning and allocating sufficient budget for accessibility, from the beginning. Thus, reducing the overall cost of the activity by almost 200% (Box 6).

#### Box 6: Example of budget planning for accessibility in Jordan<sup>59</sup>

World vision, in partnership with HI, worked on accessible WASH in Azraq camp for Syrian refugees in Jordan. With accessibility planned from the onset of the initiative, they purchased materials in bulk, which reduced the cost significantly for each toilet, from \$20 down to \$7 per toilet (2014).

This highlights the fact that when resources are planned, including a dedicated budget<sup>60</sup> at the beginning of the programme, and integrated in funding proposals, the activity not only gets a weighted priority, it promotes sustainability, it saves cost and can lead to a greater impact.

No explicit mention of budget being allocated for other inclusive actions, including mainstreaming (human resources- such as an inclusion advisor, sensitisation, awareness, capacity building activities and provision of adapted supplies, etc) was found in the review.

<sup>55</sup>A list of resources, guidance and standards are provided in Annex 8.2

<sup>56</sup>ADCAP: Supported by DFID and OFDA, ADCAP was a three- year project running from 2014-2017 which saw the development of the Humanitarian Inclusion Standards. ADCAP was an initiative of the Age and Disability Consortium, who then partnered with organisations around the globe to support implementation of inclusive programming. Inclusion advisors were hired and worked within each organisation and provided technical support: trainings, capacity building, coaching with the goal of supporting the organizational change process towards inclusion.

<sup>57</sup>References: Section 6: ASB (2018, 2019)

<sup>58</sup>References: Section 6: Akerkar, S. & Bhardwaj, R (2018)

<sup>59</sup>References: Section 6: World Vision (2014), UNICEF (2015a, 2015b),

<sup>60</sup>For physical accessibility, consider budgeting at least an additional 0.5-1 %. For non-food items and assistive devices, consider budgeting at least an additional 3-4 % (HIS, 2018)

### 4.2.3 Participation & Resilience

Older people and people with disabilities participate in WASH activities<sup>61</sup>

#### Key Findings for Participation & Resilience:

- Strengthening user capacities is not well documented, and possibly not widely practiced.
- Some interventions made efforts to include the voice of beneficiaries with disabilities and older people through different stages of the intervention, especially during the planning and implementation phases of their interventions, however systematic and meaningful participation of people with different disabilities and of different ages and their representative organisations remains a main challenge and gap.

#### Strengthening WASH-related capacities of older people and people with disabilities:

Strengthening user capacities is not well documented, and possibly not widely practiced. One example of building capacity of OPDs to deliver inclusive WASH is provided in Box 5 above, from ASB. Another example was taken from the CDD Case Study (Annex 8.1) in their DRR project in Bangladesh<sup>62</sup> (Box 7):

#### Box 7: Example of strengthening WASH-related capacities in Bangladesh

CDD project staff worked with people with disabilities to build their capacity and confidence to participate in the project, as well as with the community and local government to create a supportive and enabling environment for disability inclusive development. They were provided with information and training on vulnerability and capacity assessment and the basic principles of disaster response and recovery (DRR) in order to encourage their participation throughout the programme, including in Disaster Management Committees, where it was required for 10% of members to be with a disability (Case Study in Annex 8.1)

#### Participation in decision making and programming

Some interventions made efforts to include the voice of people with disabilities and older people through different stages of the intervention, especially during the planning and implementation phases of their interventions. One example from UNICEF<sup>63</sup> is provided in Box 8:

#### Box 8: Example of participatory decision making and programming in Iraq

People with disabilities from OPDs in Iraq advised UNICEF in all aspects of the design stage of hygiene promotion to ensure WASH facilities and locations were accessible and acceptable to social norms. The consultation led to the development of a full WASH design package for people with disabilities. Subsequently, local NGOs and international NGOs provided training to empower people with disabilities to advocate for the accessible design packages with local governments.

While there are some positive examples, **systematic and meaningful participation of people with disabilities and older people remains a main challenge and gap**. This was highlighted in the assessment conducted in Cox's Bazar on the WASH sector response<sup>64</sup>, which found that consultations with older people and people with disabilities in the Rohingya Response have been mostly overlooked and not prioritised, relegated to "when we have time".

<sup>61</sup>WASH Humanitarian Inclusion Standard (HIS)

<sup>62</sup>References, Section 7: Bari, N. & Saha, B. (2010)

<sup>63</sup>References, Section 7: UNICEF (2015a, 2015b)

<sup>64</sup>References, Section 7: House, S. (2019)

## 4.2.4. Coordination

Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary<sup>65</sup>

### Key Findings for Coordination:

- Examples of the integration of disability focal points, focal agency or task force to represent age and disability inclusion in WASH coordination mechanisms were found. In most cases, age and disability inclusion in coordination mechanisms are often led or represented by organisations with DOAI expertise (HI, CBM, HelpAge).
- Participation of people with disabilities and older people, or their representative organisations (e.g. OPDs), in coordination mechanisms was not found to be a common practice.
- Inclusion of age and disability is often not systematically integrated in the Country (or sectoral) Humanitarian Response Plans.
- With inclusion expertise in sector coordination mechanisms or through partnerships / consortiums, inclusion can be strengthened across multiple WASH actors. However, the response and impact can be diluted when the inclusion technical support is not formalised through a joint project, through a consortium or with integrating an inclusion advisor within the program.

### Interagency coordination mechanisms

The review revealed some examples of interagency coordination mechanisms, where a focal point, focal agency or task force to represent age and disability inclusion was integrated in WASH coordination mechanisms. Additionally, some coordination mechanisms included inter-sectoral coordination. Age and disability inclusion is most often led by or represented by organisations with technical expertise in inclusion (CBM, HI, HelpAge). (Box 9)

**Box 9: Examples of WASH coordination mechanisms with DOAI expertise, in Jordan, Haiti and Ukraine**

- **Disability Focal Point in WASH Cluster, Azraq Camp (Jordan)**<sup>66</sup>: The WASH cluster in Azraq refugee camp, included a disability focal point represented by HI who advocated for inclusive WASH services. Through this collaboration, up to 10 per cent of the WASH facilities constructed in the camp were made accessible. Furthermore, through consultations with people with disabilities and their families, the location of accessible facilities was determined.
- **Intersectoral Coordination: Collaboration between HI, Education and WASH clusters in Haiti**<sup>67</sup>: The Education Cluster, led by Save the Children and UNICEF, collaborated with the inter-agency Disability Working Group to discuss inclusive education. As accessible WASH is an important component of inclusive education, the Education Cluster together with HI, worked with the “WASH in Schools” working group. Through this collaboration, each school block constructed at least one accessible toilet.
- **Age and Disability Technical Working Group (Ukraine)**: The technical working group, led by HelpAge, developed in partnership with UNHCR, Protection Cluster and WASH Cluster a Guideline on Hygiene kits for Older People and People with Disabilities<sup>68</sup>

<sup>65</sup>WASH Humanitarian Inclusion Standard (HIS)

<sup>66</sup>References, Section 7: UNICEF (2017)

<sup>67</sup>References, Section 7: Raja, D. & Narasimhan, N. (2013)

<sup>68</sup>References, Section 7: Age and Disability Technical Working Group (2016)

Participation of people with disabilities and older people, or their representative organisations (e.g. OPDs), in coordination mechanisms was not found to be common practice. Only one concrete example was found where OPDs engaged in the cluster coordination mechanisms: As part of their emergency response to earthquake, tsunami and liquefaction affected communities in Central Sulawesi (Indonesia), ASB Indonesia<sup>69</sup> focused on supporting and building the capacity of local OPDs to be actively involved in the relevant cluster meetings, as a way to influence more inclusive humanitarian action.

Inclusion of age and disability is often not systematically integrated in the Country (or sectoral) Humanitarian Response Plans, including collection and disaggregation of data on disability and age (including older people), and developing indicators in the integrated response action plans. This gap was highlighted in the WASH sector assessment conducted in Cox's Bazar (Box 10):

**Box 10: Example of existing gap in including age and disability in the Humanitarian Response Plans from Cox's Bazar, Bangladesh**

“Recognition of the presence of and WASH needs of older people and people with disabilities within the Rohingya response has been mostly overlooked and not prioritised. In the Joint Response Plan, 2018, the issue of inclusion was only occasionally mentioned; and the focus by the Gender in Humanitarian Action (GiHA) cross-sectoral group has been to encourage sex and age disaggregated data, but it has overlooked data on disability.”<sup>70</sup>

## Documenting Lessons Learned

An Ageing and Disability Task Force (ADTF) in Pakistan was established after the 2010 floods to advocate and support humanitarian actors mainstream age and disability into their response. ADTF published a **Resource Book of Inclusive Practices**<sup>71</sup> describing disability and age inclusive interventions, lessons learned and case studies, including those related to WASH. Some documented examples related to WASH include:

- 1) HelpAge distributed adapted materials to access WASH, including commode chairs and appropriate carrying water containers
- 2) HI established Disability and Vulnerability Focal Points to identify vulnerable people, including those with disabilities. The focal points facilitated the identification of needs, supported the distribution of assistive devices and non-food items, as well as supported the establishment of a referral system for the provision of safe and accessible WASH. HI also provided capacity building and technical support on accessibility to WASH actors.

<sup>69</sup>References, Section 7: ASB (2019), ASB (2018)

<sup>70</sup>References, Section 7: House, S, UNICEF (2019)

<sup>71</sup>References, Section 7: ADTF (2011)

### Partnerships and Consortiums

Throughout the review, many interventions also documented examples of bilateral partnerships (formal or informal) between organisations with technical expertise (CBM, HI, HelpAge) and WASH actors, where varied levels of technical support was provided, including: training, coaching, capacity building related (but not limited to): accessibility, data collection, sensitisation, advocacy, mainstreaming, and so forth. Some of these examples are provided throughout this review.

**With inclusion expertise in sector coordination mechanisms or through partnerships / consortiums, inclusion can be strengthened across multiple WASH actors. However, the response and impact can be diluted when the inclusion technical support is not formalised through a joint project, through a consortium or with integrating an inclusion advisor within the program.** Some examples of formal collaborative consortium approach with different organisations leading on different aspects demonstrating a positive inclusive action was found, including one in Bangladesh (Box 11):

#### Box 11: Example of formal collaborative consortiums in Cox's Bazar, Bangladesh (Oxfam, CARE, CBM)<sup>72</sup>

As part of the Australian Humanitarian Partnership (AHP), Oxfam, CARE and CBM collaborated closely on a project providing basic water supplies, sanitation and hygiene needs and protection services for women and girls, while drawing on their respective areas of expertise. For example, CARE provided technical inputs on gender and Oxfam provided technical inputs related to WASH and menstrual hygiene management (MHM). CBM provided technical inputs and inclusion criteria on people with disabilities. The initial objectives of CBM's partnership were to provide training to Oxfam and CARE on disability inclusion and accessibility, however this developed into a more in-depth support, including a full assessment of Oxfam and CARE programming. Further technical support included a series of trainings and capacity-building sessions, technical support for the design and construction of WASH facilities such as latrine and water points, advocacy work to develop guidance notes, and development of a MEAL plan to capture learnings.

<sup>72</sup>References, Section 7: AHP (2018), AHP (2019)

## 5. SUMMARY OF INCLUSION TRENDS AND GAPS IN HUMANITARIAN WASH INTERVENTIONS

Table 3: Summary of the key inclusion trends and gaps identified in the Rapid Review for each Humanitarian Inclusion Standard (HIS)

HUMANITARIAN INCLUSION STANDARD (Section in document)	KEY ACTIONS	TRENDS	GAPS
COLLECTION OF INFORMATION	Data collection practices to identify people with disabilities and older people, and use of data	<ul style="list-style-type: none"> <li>Data on Age and Disability are being collected</li> </ul>	<ul style="list-style-type: none"> <li>Standard data collection and disaggregation processes are not systematically implemented by WASH actors</li> <li>WGQ not widely implemented by WASH actors</li> <li>Lack of age disaggregation, especially for older age groups</li> <li>Limited examples of the collection and use of sex, age and disability disaggregated data to inform programming and monitor access / outcomes (how to use the data)</li> <li>Gap in monitoring and documenting inclusive interventions</li> </ul>
	Collection of Information on barriers and facilitators through participatory processes	<ul style="list-style-type: none"> <li>Barriers and Facilitators Assessments are conducted (to varying degrees)</li> </ul>	<ul style="list-style-type: none"> <li>Barriers and facilitators assessments are mainly conducted by specialised organisations (HI, CBM, HelpAge) -&gt; not exclusively focusing on WASH</li> <li>Some WASH actors conducted barriers and facilitators assessments, often with technical support from HI, CBM or HelpAge, however this is not common practice</li> <li>Technical accessibility assessments primarily focus on physical barriers, with limited to no focus on the assessment and identification of other barriers (e.g. institutional, attitudinal, communication, etc) and needs of people with disabilities and older people</li> <li>Information gap on needs and barriers related to access and use of water supplies and hygiene practices</li> <li>Participatory assessments are not a consistent practice</li> </ul>
ADDRESSING BARRIERS	Designing, constructing and adapting accessible WASH facilities	<ul style="list-style-type: none"> <li>Physical barriers to access sanitation facilities are commonly addressed by designing, constructing and adapting latrines</li> </ul>	<ul style="list-style-type: none"> <li>Focus is primarily on addressing physical barriers (only)</li> <li>Universal Design concepts are not well integrated by WASH actors (gap in capacity)</li> </ul>

	<p>Provision of adapted supplies and ensuring service delivery is accessible</p>	<ul style="list-style-type: none"> <li>Some positive actions related to provision of adapted equipment (mobility devices, sanitation and hygiene supplies) are being implemented in some interventions</li> </ul>	<ul style="list-style-type: none"> <li>Targeted support is not common or standard practice</li> <li>Lack (or absence) of response to address menstrual hygiene management (MHM) and incontinence for people with disabilities and older people</li> <li>Limited examples of a twin-track approach, where adapted services / equipment are provided while age and disability inclusion are mainstreamed throughout the response</li> <li>Lack of evidence related to adapting service delivery methods to promote access to water and hygiene promotion (i.e. provision of accessible information, outreach, tailoring hygiene messages, etc)</li> <li>No interventions directly addressing barriers related to information and/or communication, or financial barriers to access WASH services</li> <li>More interventions focused on disability inclusion, and less on older age inclusion. Also, gender was not systematically integrated, highlighting that interventions often have a siloed approach to inclusion focusing either on age, disability or gender, without ensuring the integration of these intersecting factors in a holistic approach.</li> <li>Limited interventions linking GBV and WASH</li> </ul>
	<p>Sensitisation of communities, staff and partners</p>	<ul style="list-style-type: none"> <li>A few programmes integrated general awareness efforts around inclusive WASH on World Water Day and International Day of Persons with Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>Despite documented attitudinal barriers and discrimination faced by older people and people with disabilities within the household and community, sensitisation on the rights to WASH was found to be largely lacking.</li> </ul>
	<p>Capacity building of staff and partners</p>	<ul style="list-style-type: none"> <li>Capacity building of staff and partners (including local stakeholders) on accessibility and universal design is commonly implemented</li> <li>Wide range of guidance, guidelines and standards exist on accessibility in WASH</li> <li>Training, with further technical support, follow up and coaching from DOAI expertise (HI, CBM, HelpAge)</li> <li>Technical human resource (e.g. DOAI advisors) imbedded within the program/ project (example from ADCAP)</li> </ul>	<ul style="list-style-type: none"> <li>Gaps exist in the capacity of WASH actors to implement universal design</li> <li>Gaps exist in the capacity of WASH actors to implement a twin-track approach (targeted actions and DOAI mainstreaming) in WASH interventions</li> <li>No evidence related to mainstreaming DOAI in staff inductions</li> </ul>
	<p>Budget allocation</p>	<ul style="list-style-type: none"> <li>In one project, budget was allocated for accessibility at the beginning of the project and it reduced the overall cost of the accessibility work by almost 200%</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient budget allocation to address all barriers is not common practice and not systematically imbedded in all programmes / projects</li> <li>Gap in budget allocation for mainstreaming (human resources- such as an inclusion advisor, sensitisation, awareness, capacity building activities and provision of adapted supplies, etc.)</li> </ul>

PARTICIPATION	Strengthening capacities of users	<ul style="list-style-type: none"> <li>• Building capacity of OPDs to deliver inclusive WASH (one example)</li> </ul>	<ul style="list-style-type: none"> <li>• Important gaps found in strengthening WASH-related capacities of people with disabilities and older people, and their representative organisations</li> </ul>
	Participation in decision-making and programming	<p>Some efforts to include the voice of people with disabilities and</p> <ul style="list-style-type: none"> <li>• older people during the planning and implementation phases of the interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Important gaps found in systematic and meaningful participation of people with disabilities and of older people in decision-making and programming</li> </ul>
COORDINATION	Inter-Agency coordination mechanisms	<ul style="list-style-type: none"> <li>• Integration of disability focal point, focal agency or task force to represent age and disability inclusion in WASH coordination mechanisms; age and disability inclusion often led by or represented by organisations with DOAI expertise</li> <li>• Inter-sectoral coordination (e.g. WASH and Education)</li> <li>• Ageing and Disability Task Force (Pakistan) published a Resource Book on Inclusive Practices → to document lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>• Participation of people with disabilities and older people, and/or their representative organisations (e.g. OPDs), in coordination mechanism was not found to be common practice (one example)</li> <li>• Inclusion of age and disability is often not systematically integrated in the broader Country (and sectoral) Humanitarian Response Plans</li> </ul>
	Partnerships & Consortiums	<ul style="list-style-type: none"> <li>• Partnerships and consortium approach between different actors, including WASH and organisations with DOAI expertise</li> </ul>	<ul style="list-style-type: none"> <li>• The response and impact can be diluted when the inclusion technical support is not formalised through a joint project, through a consortium or with integrating an inclusion advisor within the program.</li> </ul>

## 6. CONCLUSION

The information presented in this review intended to provide an overview of the level of disability and older age inclusion in WASH interventions in humanitarian action. The review highlighted important gaps in available literature on inclusive WASH interventions in humanitarian contexts. It could be argued that this lack of evidence is rather due to a lack of implemented inclusive interventions and / or that inclusive actions are not well documented and disseminated. This could not be determined. However, the review did reveal some dimensions of inclusive actions and practices to varying degrees, albeit often in isolated examples. Though dimensions of good practices were noted, important gaps in equitable and inclusive WASH provision were identified, where people with disabilities and older people continue to face barriers in realising their right to access WASH. Ideally, this review will provide a starting point and structure for discussion to strengthen the case for disability and older age inclusion in the WASH sector.

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## 8. ANNEXES

### 8.1. ANNEX 1: CASE STUDIES

#### CASE STUDY 1:

Concern Worldwide Pakistan (ADCAP program)  
Data collection leading to more inclusive programming

The Age and Disability Capacity Programme (ADCAP) was a 3-year funded program by DFID and OFDA, implemented between 2014–2018. It was initiated by the Age and Disability Consortium comprising of 7 organisations<sup>73</sup> with to goal of overcoming gaps in policies and humanitarian practices leading to exclusion of older people and people with disabilities. The Consortium partnered with organisations in the UK, Kenya and Pakistan to implement inclusive initiatives within their organisations. One inclusion advisor was assigned for each implementing organisation to build capacity and facilitate a change process within each organisation. This case study is based upon the Good practice guide: embedding inclusion of older people and people with disabilities in humanitarian policy and practice and a KII with the Inclusion Advisor from Concern Worldwide.

#### Background:

Concern Worldwide Pakistan integrated an inclusive approach to gender, older people and people with disabilities in WASH interventions through its RAPID (Responding to Pakistan's Internally Displaced) Fund program funded by OFDA. The RAPID Fund program receives applications from local and international NGOs to address the small-scale emergencies in Pakistan.

In the District Tharparkar, Sindh Province, Concern Worldwide adapted their WASH program, largely based on implementing data collection on sex, age and disability, and further disaggregating it, leading to more inclusive programming, and ultimately to the provision of more appropriate relief assistance for older people and people with disabilities.

#### Age and Disability Inclusive Actions:

- **Data Collection**

With the intention to make their programming more inclusive, Concern Worldwide recognised that without data on people with disabilities and older people, it would not be impossible to implement an inclusive response. Due to this lack of data, it was prioritised to collect data on disability, using the Washington Group Questions (WGQ) and to further disaggregate by age and sex. This included modifying assessment tools to integrate the WGQ, to identify people with disabilities and also to collect data on the needs and barriers related to these groups. Once inclusive data collection was initiated, implementing partners recognised that their response was not adapted to the needs of people with disabilities and older people. This not only informed and changed their approach to programming, it also facilitated a greater uptake and motivation from partners to improve their practice to be more inclusive. Monitoring indicators were also implemented in the project monitoring framework, reflecting data disaggregated by sex, age, and disability.

- **Addressing Barriers**

People with disabilities and older people were prioritised during service delivery. Furthermore, design and adaptation of accessible sanitation (latrines) and water points (water pumps) were routinely incorporated, as a result of the data collected through participatory approach. For example, the WASH project was initially aimed at delivering a fixed number of latrines per village. By collecting data using the WGQ, disaggregating data by sex, age, disability, and collecting information on barriers in the Needs Assessments, the approach to latrine distribution was adjusted to take into account the needs of people with disabilities and older people. It was found that the standard latrine design was not suitable and accessible to all. The design was adapted and chair-based latrines were provided to identified households.

Sensitisation sessions to both implementing partners and to the community on disability rights and inclusion were integrated as part of the interventions in order to reduce attitudinal barriers. Additional capacity building of partner staff on inclusive programming was also standard practice to ensure that all RAPID Fund projects addressed and prioritised people with disabilities and older people in their response. For example, training sessions were provided by the Concern Worldwide Inclusion Advisor on the Humanitarian Inclusion Standards, on data collection tools, including WGQ, and inclusive programming.

- **Participation & Resilience**

During the initial response in 2015 data was collected and disaggregated by sex, age and disability. However, during this response, villagers voiced concerns about sharing information on disabilities due to shame and taboo. A participatory assessment approach was initiated for the second response, where community consultations were organised to discuss data collection process and use of data, etc. Additional sensitisation of both partner staff and community on inclusion to facilitate and improve the process of conducting inclusive needs assessments were also conducted. These efforts resulted in greater participation from beneficiaries, as well as partner staff, who further engaged with people with disabilities and older people (and their caregivers) during needs assessments. Further assessments, such as intervention and accessibility audits, also adopted a participatory approach which allowed people with disabilities and older people to test the devices and facilities for appropriateness and ease of use. Through this process, it was determined that an initial design of a hand pump was not accessible, therefore it was redesigned to meet the needs of the users.

Furthermore, Concern Worldwide built the capacity of community members with disabilities and older people to participate in village committees and in intervention audits to ensure that their voices were included and to empower them to advocate for their rights. This is illustrated by an example of a village elder with a physical disability who faced increased stigma and discrimination, whereby having the opportunity and the support to chair the village committee, he became a role model and instrumental in advocating for the rights of other older people with disabilities.

- **Resources:**

**Budget Allocation:** A special budgetary provision of ten per cent of the total budget was included in all RAPID Fund projects, to absorb any costs related to accessibility and adapted equipment, capacity building or additional costs, as required.

**Human Resources:** The Inclusion Advisor embedded within the organisation and its programmes was an integral part in promoting change towards more inclusive practices. The Inclusion Advisor was key in identifying entry points for inclusion, for advocating for change and building the capacity of the partners. Furthermore, “inclusion champions” were identified in each of the implementing partner organisations, who were trained on designing and implementing inclusion in all activities.

### Outcomes:

#### Improved access:

- by collecting sex, age, and disability disaggregated data, and assessing the needs and barriers of people with disabilities and older people in a participatory way, the interventions were adjusted to reduce some of the barriers faced, making WASH services more accessible.
- data were also shared with the Social Welfare Department, who in turn provides assistance when there are no humanitarian emergencies (this department previously did not have data on people with disabilities)

#### Change in practice:

- collection of sex, age, and disability data (using WGQ) has become standard practice for all Concern Worldwide projects in Pakistan.
- all projects allocate 10% of its budget to inclusive actions, as a standard practice.

#### Improved participation:

- people with disabilities and older people participated in community committees and were involved in further program design.

### Learning Points:

Targeted actions to make projects and programmes more inclusive must take into account some of the specific needs of people with disabilities and older people, such as provision of assistive devices or adapted materials, as a standard practice. Moreover, sufficient budget allocations need to be planned from the design and planning phases to ensure an equitable and inclusive twin-track approach is implemented.

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<sup>73</sup>CBM, DisasterReady.org, Humanity & Inclusion, HelpAge International, International Federation of Red Cross and Red Crescent Societies (IFRC), Oxford Brookes University and RedR UK

<sup>74</sup>References: Section 6: Akerkar, S. & Bhardwaj, R (2018)

## CASE STUDY 2:

### Centre for Disability in Development (CDD)– Bangladesh<sup>75</sup> Disability Inclusive Flood Action Plan and WASH in a Bangladeshi Community

#### Background:

River floods regularly affect 20–68% of Bangladeshis, including their access to safe water and sanitation during flood periods, especially for people with disabilities. From October 2009 to July 2010 the CDD, with the support of CBM Australia, worked with a local NGO (Gana Unnayan Kendra) to implement an inclusive Disaster Risk Reduction Project (DiDRR), with WASH a subcomponent. The WASH infrastructure in the region of intervention was poorly constructed and unhygienic– with latrines being temporary, flimsy and difficult to use for all, including people with no disability. The community collected water from various local sources, though the only clean source was tube wells. Neither the tube wells or existing latrines were accessible, and this made during floods.

#### Age and Disability Inclusive Actions:

##### • Data Collection

An inclusive baseline assessment was conducted at the outset of the project with 334 people with disabilities to understand the barriers they faced in accessing WASH in general and especially during flood times. People with disabilities were identified through household visits. The baseline assessment determined that 97% (n=334) could not access safe drinking water and latrines during floods, creating dependency on family for meeting basic needs. People with disabilities were often the last ones evacuated to emergency shelters as they were far, hard to access and overcrowded. Some people with disabilities were left behind, especially those requiring extensive mobility assistance. Emergency points did not have accessible latrines or sufficient drinking water. In many cases people were forced to use contaminated water causing increased risk for further illnesses. Furthermore, lack of awareness from families and communities on the rights and needs of people with disabilities was found.

##### • Addressing Barriers

People with disabilities were **provided assistive devices** to improve their mobility to access WASH points. The project supported eighteen (18) people with disabilities by **reconstructing accessible latrines and tube wells** at their home. Thirty (30) community tube wells were made accessible, considering gender segregation, and visual and physical access. Additionally, the **rescue boat was made accessible** (see picture) to enable people with disability to evacuate safely. Community and local government representatives were **sensitised on disability rights and provided training on the barriers people with disabilities face**, which was integrated into the Disaster Response and Recovery (DRR) training curricula.

Families were also sensitised on the importance of these projects. **Capacity building** on disability inclusion principles and how to support people with disabilities was provided to five (5) task forces in the local area (early warning, search and rescue, first aid, damage assessment, water and sanitation).



##### • Participation & Resilience

The capacities and confidence of people with disabilities were strengthened as part of this project by sensitising them and increasing their knowledge about their rights to equal and dignified access to WASH. They also participated in multi-stakeholder consultations throughout the design, planning, implementation and evaluations phases of the project. Needs and solutions were identified through participatory processes. Thus, people with disabilities participated in decision-making processes related to the selection of individual and community-based locations and design of the accessible WASH facilities. Furthermore, they were trained on conducting vulnerability and capacity assessments and on the principles of DRR. People with disabilities were also involved and included in the Disaster Management Committees, which required at least 10% of members to have a disability and 30% women.

#### Outcomes:

The project reported that people with disabilities felt happy and empowered in their ability to meet their WASH needs (access to the toilet and collection of safe drinking water from tube wells) independently and with dignity. Furthermore, one young beneficiary with a disability opened a tea shop, facilitated by accessing safe drinking water from the installed accessible tube well. A change in attitudes and perceptions of people with disabilities allowed further participatory community processes, where people with disabilities were systematically included in discussions and consultations related to various community issues, (not only related to DRR). While people with disabilities benefited from the project, it was estimated that an additional 9000 people also benefitted from the accessible WASH facilities.

#### Learning Points:

Deeply rooted perceptions and attitudes towards people with disabilities were difficult to address. People with disabilities were perceived as recipients rather than equal contributors, however with sensitisation and capacity building, the attitudes gradually improved. There were also significant physical barriers (accessibility) to participation in project meetings. Provision of assistive devices helped to a degree, but muddy terrain during rainy season exacerbated the barriers. For the implementation of universal design, a gap in the capacity of the local masons and labourers was encountered. They required training on accessible construction of tube wells and latrines. Repair and maintenance of these structures remains a challenge to be surmounted, since the project has ended. It is hoped the task forces will take responsibility for this and raise the necessary funds.

<sup>75</sup>Case Study 2 was adapted from the full case study: Bari, N. & Saha, B. (2010), Disability Inclusive Flood Action Plan and WASH in a Bangladeshi community: Towards Inclusive WASH, Sharing Evidence and Experience from the Field, Centre for Disability in Development available at: [http://www.inclusivewash.org.au/Literature/Case%20Study%2010\\_Disability%20inclusive%20flood%20action%20plan.pdf](http://www.inclusivewash.org.au/Literature/Case%20Study%2010_Disability%20inclusive%20flood%20action%20plan.pdf)

## 8.2 ANNEX 2: ADDITIONAL RESOURCES AND DOCUMENTS

### GUIDANCE ON ACCESSIBILITY

- CBM Humanitarian Hands-On Tool: <https://hhot.cbm.org/tag/WASH>
- Handicap International (2011) How to Build an Accessible Environment in Developing Countries (3 manuals),
  - **Manual 1:** [www.asksource.info/resources/how-build-accessible-environment-developing-countries-manual-1-introduction-accessibility](http://www.asksource.info/resources/how-build-accessible-environment-developing-countries-manual-1-introduction-accessibility)
  - **Manual 2:** Part 1 (toilets and closed showers): [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/Manual2-1.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/Manual2-1.pdf); Part 2 (Access to water and sanitation facilities): [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/Manual2-2.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/Manual2-2.pdf)
  - **Manual 3** Free Movement: [http://www.hiproweb.org/uploads/tx\\_hidrtdocs/Manual3.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/Manual3.pdf)
- Handicap International (2009) Accessibility for ALL in an Emergency Context : [https://reliefweb.int/sites/reliefweb.int/files/resources/Handicap\\_Accessibility\\_for\\_All\\_2099\\_EN.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Handicap_Accessibility_for_All_2099_EN.pdf)
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- ISO (2011) : Building construction – Accessibility and usability of the built environment: <http://www.iso.org/iso/acce>
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- Oxfam (n.d.) Excreta Disposal for Physically Vulnerable People in Emergencies, <https://www.scribd.com/document/340800972/Excreta-Disposal-for-Physically-Vulnerable-People-in-Emergencies>
- World Vision and CBM Australia (2018) Learning from experience: Guidelines for locally sourced and cost-effective strategies to modify existing household toilets and water access, <http://www.cswashfund.org/shared-resources/tools/learning-experience-guidelines-locally-sourced-and-cost-effective-strategies>
- World Vision and CBM Australia (2018) Learning from experience: Guidelines for locally sources and cost-effective strategies for hygiene at home for people with high support needs
  - [http://www.cswashfund.org/sites/default/files/WV\\_CBM\\_FINAL\\_hygiene%20at%20home.compressed.pdf](http://www.cswashfund.org/sites/default/files/WV_CBM_FINAL_hygiene%20at%20home.compressed.pdf)

## AGE AND DISABILITY GUIDANCE AND STANDARDS

- ADCAP (2018) Humanitarian Inclusion Standards (HIS) for Older Persons and Persons with Disabilities, HI, CBM, HelpAge et al.; <https://reliefweb.int/report/world/humanitarian-inclusion-standards-older-people-and-people-disabilities>
- ADCAP, Akerkar, S. & Bhardwaj, R (2018), Good practice guide; embedding inclusion of older people and people with disabilities in humanitarian policy and practice- Lessons Learnt from ADCAP programme: <https://www.cbmun.org.uk/wp-content/uploads/2018/04/Good-Practice-Guide-FINAL-ONLINE.pdf>
- IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action: <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action>
- Sphere Handbook (2018): <https://www.spherestandards.org/handbook-2018/>
- UNCRPD (2006), Convention on the Rights of Persons with Disabilities <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- UNHCR (2011), Guidance: Working with Persons with Disabilities in Forced Displacement: <http://www.unhcr.org/4ec3c81c9.pdf>
- UNICEF & HI (2017), WASH Guidance- Including children with disabilities in humanitarian action: [http://training.unicef.org/disability/emergencies/downloads/UNICEF\\_WASH\\_English.pdf](http://training.unicef.org/disability/emergencies/downloads/UNICEF_WASH_English.pdf)
- Washington Group on Disability Statistics: <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>
- WHO, World Bank (2011), World Report on Disabilities: [http://www.who.int/disabilities/world\\_report/2011/report.pdf](http://www.who.int/disabilities/world_report/2011/report.pdf)
- World Bank Group (2014), Including Persons with Disabilities in Water Sector Operations, A Guidance Note: <https://openknowledge.worldbank.org/bitstream/handle/10986/27542/117306-WP-P161461-PUBLIC-Disabilities.pdf?sequence=5&isAllowed=y>

## INCLUSIVE WASH RESOURCES

- Community Led Total Sanitation (CLTS); Knowledge Hub: <https://www.communityledtotalsanitation.org/resources/frontiers>
  - Wilbur, J. and Jones, H. (2014) Frontiers of CLTS: Innovations and Insights Disability: Making CLTS Fully Inclusive: <http://www.communityledtotalsanitation.org/resources/frontiers/disability-making-clts-fully-inclusive>
  - House, S., Caville, S and Ferron, S. (2017), Frontiers of CLTS: Innovations and Insights: Equality and non-discrimination in sanitation programmes at scale: [https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Frontiers10\\_EQND.pdf](https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Frontiers10_EQND.pdf)
- DID4all resources on disability and WASH: <https://www.did4all.com.au/ResourceTheme.aspx?4cc97d67-3134-4c08-8290-fa7a0509ddda>  
Disability Inclusive DRR Network: <http://www.didrrn.net>
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- Water Aid Australia, Disability inclusive WASH library: <http://www.inclusivewash.org.au/resource-library-people-with-disabilities>
- WaterAid Inclusive WASH, Building skills towards inclusive water, sanitation and hygiene: <http://inclusivewash.org.au/>
- WaterAid Inclusive WASH: Sharing evidence and experience from the field: <http://www.inclusivewash.org.au/case-studies.htm>
- WEDC, resources on disability and WASH: <https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/disability-wash.html>
- WEDC, Equity and Inclusion in Water, Sanitation and Hygiene: Learning materials (including tools for accessibility audits): <https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/general.html>
- Wilbur, J., and Danquah, L., (2015) Undoing inequity: water, sanitation and hygiene programmes that deliver for all in Uganda and Zambia – an early indication of trends <https://wedc-knowledge.lboro.ac.uk/resources/conference/39/Danquah-2467.pdf>

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