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SLH Learning Paper

WASH and older people

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About the SLH:

For over ten years, IDS's Sanitation Learning Hub (SLH, previously the CLTS Knowledge Hub) has been supporting learning and sharing across the international sanitation and hygiene (S&H) sector. The SLH uses innovative participatory approaches to engage with both practitioners, policy-makers and the communities they wish to serve.

We believe that achieving safely managed sanitation and hygiene for all by 2030 requires timely, relevant and actionable learning. The speed of implementation and change needed means that rapidly learning about what is needed, what works and what does not, filling gaps in knowledge, and finding answers that provide practical ideas for policy and practice can have exceptionally widespread impact.

Our mission is to enable the S&H sector to innovate, adapt and collaborate in a rapidly evolving landscape, feeding learning into policies and practice. Our vision is that everyone is able to realise their right to safely managed sanitation and hygiene, making sure no one is left behind in the drive to end open defecation for good.

About the series:

SLH Learning Papers explore and aim to answer questions on emerging issues, approaches and gaps and blind spots in the sanitation and hygiene sector. The topics of these in-depth, peer reviewed papers and scoping studies are generated in discussion with stakeholders and either conducted by the SLH or partners, or developed collectively in workshops and writeshops. The aim is to generate understanding and awareness as well as providing practical guidance for both policy-makers and practitioners.

All issues are available here: <https://sanitationlearninghub.org/series/slh-learning-papers/>

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Introduction

‘In old age defecating in the open is a tough task for the elderly. Many of them may not be in a physical condition to walk the long distance to a field. Many cannot squat and have to half sit while defecating which is not easy due to weak muscles. Usually, they need to be accompanied by someone from the family, usually a woman. Usha said, “For me and others in the family it is not that difficult to go to the field. But I spent a lot of time taking my mother-in-law and that is a difficult task. She feels like going to the toilet very frequently too.”’

Azeez et al. (2019)

‘I fetch water from the courtyard to the bathroom for washing and bathing. I do it every day for my husband but some days I do not bathe because I do not want to carry a heavy bucket.’

Yaadamma, from elderly and disabled group, Warangal, FANSA and WSSCC (2015a)

Today, people worldwide can expect to live into their 60s and beyond. There are estimated to be around 900 million older adults (aged 60 years and above), around 13 per cent of the world population. Globally, one in six people (1.5 billion) will be aged 65 years or above by 2050, with the number of persons aged 80 years or above expected to reach 426 million (WHO 2021a). Furthermore, nearly half of the global population of older people have a disability (Global Humanitarian Overview 2021). The COVID-19 pandemic helped shed light on the specific needs of older people as a group more susceptible to severe disease/infection, and revealed the lack of capacity within water, sanitation, and hygiene (WASH) NGOs to respond to these specific needs.

This *SLH Learning Paper* explores the WASH needs of older people in both development and humanitarian contexts, as well as the fundamental role older people play in facilitating other people’s WASH access, health, and wellbeing. The Learning Paper refers to the data WASH actors collect on older people in order to understand their differing WASH needs, the barriers to accessing WASH, and the need to ensure older people’s participation, including their active role in helping find the solutions.

The authors conducted a literature review, assessing both the academic and grey literature concerning the multiple connections among the health, dignity and independence of older people in a WASH context. The final recommendations were developed based on the documents reviewed and the experience of the authors.

Who is old?

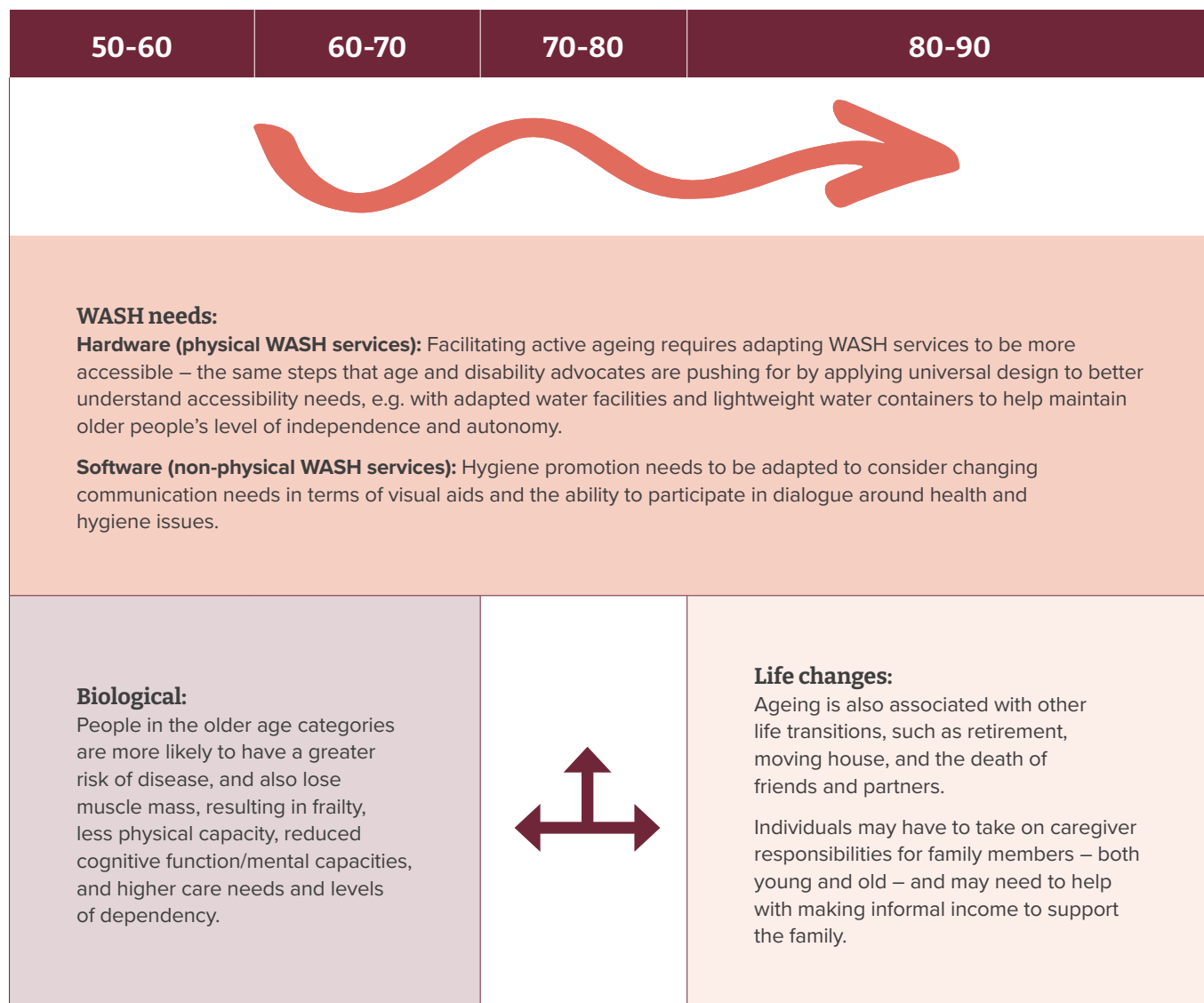
An older person is defined by the United Nations as someone over 60 years of age, although some countries or regions use 50 years + dependant on the national mortality rate. However, people and groups might define age in different ways, for example by physical appearance (grey hair and wrinkles), age-related health conditions, or family status (grandparents). People’s WASH needs will be very different from 50 to 90+ years, as their health and disability status changes.

WASH needs and impacts for older people

As people can expect to live longer, attention to WASH can ensure people remain in good physical and mental health. Different age cohorts (50–59, 60–69, 70–79, and 80+) encounter different levels of difficulty in performing certain WASH activities – such as walking to a latrine or water point, seeing the facility, remembering to maintain personal hygiene, performing self-care activities, and communicating their WASH-related needs. As people get older, WASH facilities must be adapted to their evolving needs.

Figure 1 below illustrates the spectrum of services/support in WASH for older people as well as the interaction between biological and social factors. It recognises the importance of active aging or spectrum of needs in older age but also that older people’s needs cannot be generalised.

Figure 1: Spectrum of WASH for older people



Source: Authors own

The following case study example highlights the importance of having inclusive WASH approaches to ensure the safety, health, and wellbeing of older persons and their caregivers.

Case study example

Elderly men and women from the slums of Vashantek who participated in the consultation shared that they are compelled to use toilets that are damaged, filthy, and have filled-up pits. There are only 200 toilets for about 20,000 people, leading to a severe hygiene issue exacerbated by an insufficient and irregular water supply. The elderly find it hard to wait in the long queues to access these unhygienic toilets. The toilets are also not appropriately designed for them as they need to squat over the pan, which is difficult at their age due to weak muscles and painful joints. In the rainy season, the situation is even more critical as over 80 per cent of the community toilets are water-logged. Most of the elderly feel they need assistance to go to the toilet at night, as there is no light in the toilets.

Source: Water Supply and Sanitation Collaborative Council (n.d.)

Older people have a range of health-related WASH needs.

Communicable disease:

Diarrhoea is the ninth leading cause of death for people aged 70 years and over. Respiratory disease is the third leading cause of death for this demographic. Due to age-related characteristics such as frailty and immunosenescence (gradual decrease in immune function), respiratory infections produce more severe illness, a larger number of hospitalisations, and greater mortality in older adults (Childs et al. 2019). Although not the primary transmission pathway, handwashing plays a role in reducing transmission of respiratory illnesses. Furthermore, older people are a neglected population for WASH-related neglected tropical diseases. Studies have found that older people are at higher risk of dengue haemorrhagic fever and severe dengue; they are a particularly at-risk group for blindness due to onchocerciasis or trachoma; and have high rates of hookworm and infections (Hotez 2014).

Non-communicable diseases:

Heart disease, cancer, dementia, stroke, and diabetes are more common in older age. Some non-communicable diseases are connected to WASH in both direct and indirect ways. Certain conditions – including diabetes and respiratory diseases – require more fluid intake and this may have knock-on effects in terms of water needs or toilet use (for example diabetics may need to use the toilet more regularly).

Nutrition:

Older people are less likely to have good nutrition for a variety of reasons including cost of nutritious food; loss of appetite; changes in taste, smell, ability to cook food, and oral health; reduced ability to swallow; and reduced ability to absorb nutrients (Tucker and Buranapin 2001). All of this is undermined further by the lack of clean water for drinking and cooking. Unsafe WASH can further reduce the absorption of nutrients by causing either diarrhoea or environmental enteropathy.

Mental health:

A study of 28 provinces in China (Liu 2020) shows that having access to clean water significantly lowers older people's (50 years +) difficulties with activities of daily living (ADL, the abilities of walking, eating, dressing, bathing, and urination and defecation) and with instrumental activities of daily living (IADL, the abilities of shopping, housecleaning, managing money, taking medicine, and cooking). It also lowers people's level of depression and improves self-evaluation of health status. Urban, male respondents reported fewer difficulties in ADL and IADL, better self-reported health status, and lower level of depression. Meanwhile, in Ghana, older people who used unimproved water sources and unimproved sanitation were more likely to report a major depressive episode. Sex-based analysis showed that the effect of unimproved water and sanitation usage on depression was greater for women than for men (Simiyu et al. 2021: 1–8).

Case study example

Umraw Khan is a 70-year-old man from the village of Chiyaro Ki Dhani, Rajasthan, India. He has limited mobility and is completely blind. There are nine people in his family, including his 86-year-old mother, who is unable to walk by herself.

Before the toilet was installed, the children often assisted both him and his mother in defecation. His mother was usually lifted to be taken for open defecation, often up to two kilometres from the house, just to get sufficient privacy from other houses, which are all very close to each other. This often took two to three hours a day. As the main sources of their livelihood are farming and livestock, this meant sacrificing precious working time. Because of this, he and his family were occasionally forced to defecate inside the house.

A few years ago, Umraw's mother fell ill with dysentery and was then unable to walk unassisted. She had to be lifted and taken into the house where she defecated on old rags in the corner. This created many obvious health risks, but, more importantly, it was degrading to her. She was held by her grandchildren as she defecated; something referred to by the family as a 'shameful act'.

Now, with their new toilet, the entire family is much happier. There has not been an instance of a water-borne illness since its installation. The risk of contracting such an illness has decreased, which allows for more peace of mind in day-to-day life. Instead of two to three hours spent on defecation a day, it is now a process of 15 minutes at most. This allows the family to accomplish much more in terms of farming and rearing livestock.

Source: WEDC and WaterAid (2013)

Table 1 outlines a range of connections between aging and WASH. It covers some of the many reasons why an older person might experience difficulties in successfully building, using, and maintaining WASH facilities.

Table 1: Plausible connections between aging and WASH

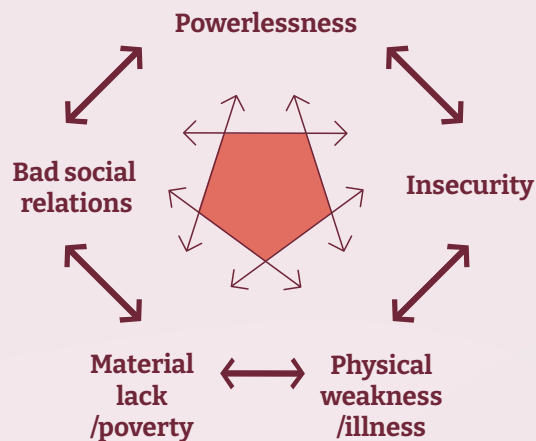
| | |
|--|--|
| Arthritis | Arthritis can restrict movement, affecting the building or use of WASH facilities. For instance, arthritis of the knee and hip can cause stiffness or pain in squatting. Personal hygiene can be difficult for people with arthritis, for example as hands and fingers lose strength this affects ability to practise hygienic anal cleansing. It might also mean difficulties in moving around and could lead to a fall from the toilet. |
| Dementia | People suffering from dementia may have more toilet mishaps. People can become incontinent as a direct symptom of their dementia. Dementia affects memory so people might forget to wash or wipe themselves after defecation or to bathe, causing personal hygiene issues. Further, people might not be able to find or recognise the toilet, may have difficulty recognising when they need to go, or communicating their need to go to the toilet, or may not be able to get to the toilet or undo their clothing in time. |
| Dehydration | Sometimes older people reduce their fluid intake for fear of not making it to the toilet or needing help to use the toilet, especially for urination at night. Age-related changes also reduce the sensation of thirst, especially in those with Alzheimer’s disease or those who have suffered a stroke. Swallowing difficulties, dementia, and poorly controlled diabetes are more common in older people and are all associated with poor hydration. Dehydration can lead to other problems, including urinary tract infections. |
| Energy levels | As people get older, they have less energy to get things done. Personal hygiene (specifically bathing) may be one of those things that gets neglected. Older people may not have the energy to construct a latrine or collect water. |
| Urinary incontinence | Urinary incontinence – loss of bladder control – can result in exclusion, isolation, and stigma. Older people left in wet incontinence pads or underclothes are at risk of developing infections or skin problems such as lesions. |
| Faecal incontinence | Faecal incontinence – loss of bowel control – creates additional water, hygiene item, and sanitation needs for bathing and the washing of soiled clothes (Rosato-Scott et al. 2020). |
| Skin infections and complaints | Older skin is more prone to tearing and bruising. Poor hygiene/lack of bathing can result in skin conditions or infections. On the other hand, certain soaps may dry skin leading to cracking. If older people are confined to bed or a chair/wheelchair for long periods of time they may get bedsores (pressure ulcers), requiring additional water and soap supplies to keep the area clean. |
| Limited mobility or problems with balance | Frailer people need greater help to use the toilet. It can be harder to make it to the toilet in time or to manage the strength of arms and legs needed to sit/squat and stand up safely from the toilet. Sometimes limited mobility can contribute to an older person having ‘accidents’, which they may be embarrassed about. Similarly, travelling to water points can be long and strenuous for older persons, especially if they do not have donkeys or carts to support the transportation of collected water. As a result, they may resort to using any water source available nearby, which is not safe for personal hygiene or drinking. Water for cooking and cleaning may be limited by the amount of water that can be carried. In humanitarian settings, communal facilities (especially for water; less so for sanitation) are often designed for more mobile, able-bodied adults. |
| Sight loss | Blind or partially sighted people (due to cataracts, glaucoma, trachoma) may have difficulty in using a toilet, collecting water, and hygiene practices. |

Dignity, independence and, isolation related WASH needs

WASH facilities contribute to dignity, inclusion, and independence. 'Loss of dignity is especially acute for elders, for whom honour and respect are important, (Tratschin, n.d). In Ethiopia, Oxfam and Help Age's research found that many older people spoke about being a burden when they needed help, reducing their independence and leading to suicidal thoughts. A man in Bulgaria explains: 'They [older people] tell me that they try to drink almost no water, because it is too cold to go to the loo and come back to the bed. Do you imagine how they live?' (Narayan et al. 2000). In her report on stigma (de Albuquerque 2012), the then special rapporteur on the human rights to safe drinking water and sanitation also highlighted the importance of dignity for older people: 'Some older persons might also face stigma, in particular when suffering dementia or other mental illnesses and requiring care, including for their sanitation and hygiene needs. Incontinence is not uncommon, but usually not openly addressed. Again, stigma can contribute to making the particular needs of older persons invisible, preventing the care they require and isolating them'. Older people may feel judged by family and friends and may also have internalised stigma associated with age, illness, race, ethnicity, religion, ideology, and so forth.

Older people who have no-one to support them are some of the most vulnerable people within communities and those that are least likely to be able to construct and access latrines on their own. Loneliness and lack of social support is a common experience of older people, and these factors contribute to the clusters of disadvantage illustrated in Chambers (2006).

Figure 2: Clusters of disadvantage



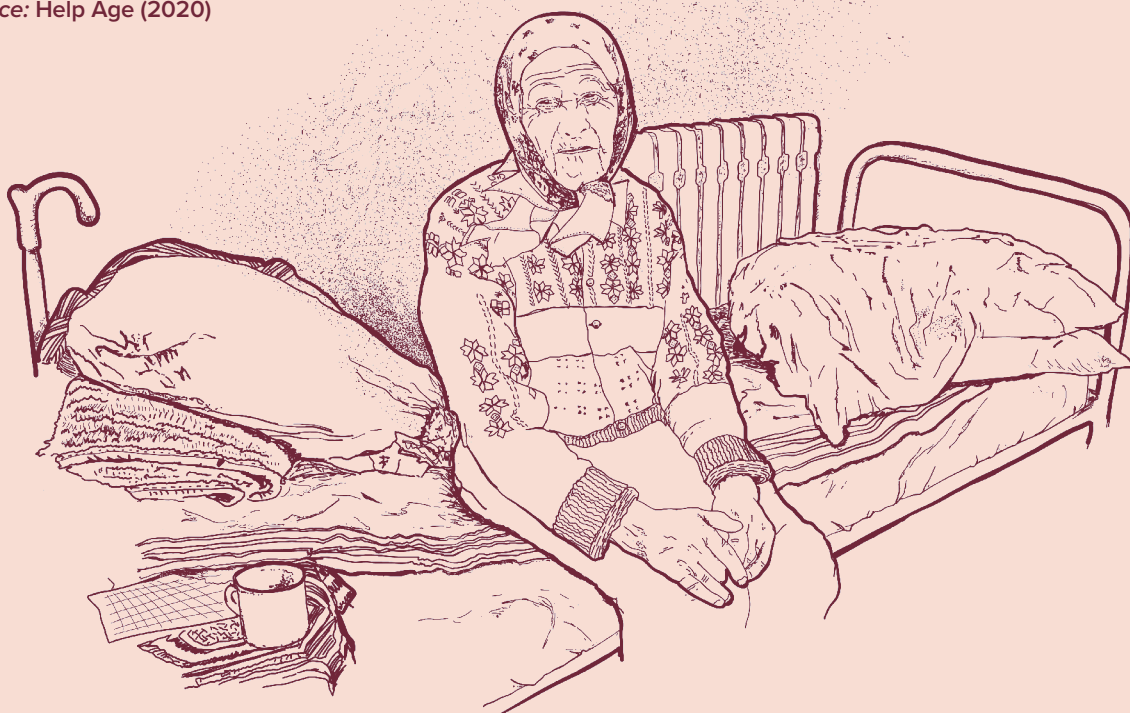
Source: Chambers 2006

Case study example

Meet Victoria and her granddaughter in Sloviansk, Ukraine.

My grandmother, Victoria, is living with dementia and spends her days sitting looking out the window and not engaging with the family. My grandmother is severely malnourished as she has little interest in eating and drinking. She is double incontinent and has no toileting routine. The room smells. No one comes to see her. I find it very difficult to bathe her and clean her homemade diapers as we cannot communicate well. The water only comes on every three days.

Source: Help Age (2020)



Dignity also relates to unintentional and intentional abuse of older people. Elder abuse can take various forms (Acierno et al. 2010; WHO 2021b). Poor hygiene, denial of water, and lack of personal care may be a sign of elder abuse. Care givers are a common source of intentional or unintentional

abuse (Botek 2020; Pillmer et al. 2016). It can also be the result of neglect and abandonment by the family. While all older people are at risk, older women and older people with disabilities are at a higher risk (Kleinschmidt 1997). Aspects of possible WASH-related elder abuse are set out in **Table 2**.

Table 2: Forms of elder abuse

| | Definition | WASH-related example |
|------------------------|--|--|
| Physical abuse | Inflicting physical pain or injury on an older person, for example slapping, bruising, or restraining by physical or chemical means. | Physical assault of the person in response to their incontinence or open defecation. Also, older people can physically and emotionally abuse their carer and vice versa. |
| Sexual abuse | Non-consensual sexual contact of any kind. | Example from Tanzania and Uganda of older women engaging in transactional sex with young men selling water (Simavi, 2021; HAI 2004). This could be men demanding sex for free water supplies or women offering sex for free water. |
| Neglect | A failure by those responsible to provide an older person with food, shelter, healthcare, or protection. | Poor personal hygiene can be a sign of abuse of older women and men, i.e. failure to provide water and soap to enable regular bathing, failure to construct a latrine. |
| Exploitation | The illegal taking, misuse, or concealment of funds, property, or assets of an older person for someone else’s benefit, or exploitative labour arrangements. | Overcharging for water or to construct a latrine so people don’t have enough for all their needs. |
| Emotional abuse | Inflicting psychological pain, anguish, or distress on an older person by means of verbal or non-verbal acts that are humiliating, intimidating, or threatening. | Youth and monitoring committees sometimes take on an enforcement role, for example blowing whistles at open defecators (often older people) and following them to open defecation sites. |
| Abandonment | Desertion of an older person by anyone who has assumed the responsibility for care or custody of that person. | Older people (often with physical and mental disabilities) who might have been abandoned/stranded by families – and become homeless and on the street – will have specific WASH needs. |

More broadly, WASH is important for wellbeing – considering both protection and health issues. Conversely, it is important to recognise that if WASH services fail then it poses a risk to protection and health.

Inclusion of older people in WASH programmes

There is very little literature that **solely** addresses the WASH needs of older people. However, we have identified the following insights and recommendations from the available literature.

i. Planning with communities and programme design

Older people must be identified, and have their needs included in programme design

Older persons may be hidden within the household. They may have difficulties in communicating due to their health or disability status and they may also worry about giving information to a stranger. In many cases older people are isolated or not invited to actively participate. Older people ‘... are not separately consulted or asked about their daily sanitation and hygiene experience, how they cope and what solutions they can offer. Asking them what they need and want and resourcing them to partner in the design and development of inclusive services is a prerequisite for sustainable behaviour change’ (Patkar 2015). Older women in particular might be considered a burden if their socio-economic status is low, have less control over property or assets or their contributions to the family or community are

not recognised (Federici 2008; Makondo et al. 2002; Munsur et al. 2010).

Older people have different needs depending on the context

In rural communities, natural leaders, community volunteers, and WASH committee members often help older people build latrines and provide long-term support for the ongoing hygiene and maintenance of latrines for people who are older. There are also examples of intergenerational support between the old and the young in communities, particularly for latrine construction. Those older people that are bedridden, or cannot stand easily, may require support to walk to a water point or to be taken to the toilet or for bathing (as well as wiping/washing after defecation and refilling water containers for handwashing or anal cleansing). Older people may not want to be dependent on and beholden to others, even their relatives.

There are similar challenges in urban areas: in China, studies reveal older people often lack access to improved sanitation at home and lack family support as their adult children and grandchildren move to modern residential areas (lossifova 2015; Liu et al. 2014). Similarly, in Delhi, older people living in slums rely on public WASH facilities, which creates a problem, especially at night (Kumar et al. 2015). There is also an example from Bangladesh, where older people in care homes have better access to WASH services (and practise improved behaviours) than older people in the community (Bashet et al. 2019).

Case study example

Biswa is a blind older person living in Koiralachula. She needed support from others to collect water from the river. When support was not available, she often injured herself trying to visit the river alone. She had no latrine. NEWAH field staff noticed Biswa’s case from a household survey. Her situation was brought up for discussion during the mass meeting. Biswa was supported by NEWAH facilitators to voice to the community the difficulties faced in her daily water collection and sanitation practices. Once the community became aware of Biswa’s circumstances, they were encouraged by NEWAH facilitators to consider her needs in the discussion of tap stand locations and latrine construction support. Reaching consensus, the tole group proposed to construct the tap stand directly adjacent to Biswa’s house, and an accessible toilet close to Biswa’s home. From her doorway to the tap stand, and to the latrine, they installed a handrail to guide her safely.

Source: WEDC and WaterAid 2013

Older people must know their WASH rights and entitlements, be able to access information, and participate in decisions affecting them

Older people might be one of the most neglected, invisible, and marginalised groups in communities. Consultations with older people (aged 70 years or over) across South Asia revealed that defecation, washing, and bathing are some of their biggest daily challenges: ‘Nobody speaks to us or asks us what we need. We do not exist for the “community” – our children do not visit us; they are just waiting for us to die. We defecate in the open half standing as we cannot squat. We use a stick for support all through. It is difficult to defecate, wash, bathe with poor eyesight, hearing, weak limbs, long distances and no water’ (FANSA and WSSCC 2015a). Using WASH facilities can often be associated with risks, fear, discomfort, and indignity. Widowers said that their biggest problem was collecting, storing, and carrying water. Older women reported struggling with water collection and carrying. Falls and spills were common including

serious injuries. After defecation, older men and women often walk home first and then wash properly as they are unable to do so while holding onto a stick (Patkar 2015).

If older people are excluded and invisible in community processes, this means they lack voice in community decision-making processes and have reduced capacity to contribute to improving WASH programmes. Older people may be invited to WASH meetings but might not attend as it’s tiring and/or they have some mobility limitations making it too cumbersome for them to attend. Sometimes, when they do go to WASH meetings, they are not listened to because they are sidelined or not seen as valuable to the community. WASH non-governmental organisations are also not routinely taking older people’s additional needs into account when working with communities – for instance they do not always provide communication alternatives for hygiene promotion information. Unable to access information directly, older people might only be able to hear about what was discussed from family members.

Case study example

The Age and Disability Capacity Programme (ADCAP) is designed to ensure that older people and people with disabilities are included during emergency responses, able to both access assistance and participate in the decision-making processes that affect them. The ADCAP inclusion standards are an example of how WASH programmers are becoming more age-aware or age-responsive (Table 3).

Table 3:

Water, sanitation, and hygiene inclusion standard

| | | |
|---|---|--|
| <p>1: Collection of information</p> | <p>Older people and people with disabilities have their WASH-related capacities and needs identified and monitored.</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> <p>1.2: Include older people and people with disabilities in WASH assessments and monitoring activities.</p> |
| <p>2: Addressing barriers</p> | <p>Older people and people with disabilities have safe and dignified access to water supplies, sanitation facilities, and hygiene promotion activities.</p> | <p>2.1: Design, construct, and adapt accessible water supply and sanitation facilities.</p> <p>2.2: Review and adapt distribution methods and supplies to provide safe and equitable access for older people and people with disabilities.</p> <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> <p>2.4: Build the capacities of staff and partners to make WASH services, facilities, and programmes inclusive of older people and people with disabilities.</p> |
| <p>3: Participation and resilience</p> | <p>Older people and people with disabilities participate in WASH activities.</p> | <p>3.1: Strengthen the WASH-related capacities of older people and people with disabilities.</p> <p>3.2: Support the participation of older people and people with disabilities in WASH programmes and related decision-making.</p> |

Source: ADCAP 2018

ii. WASH programme implementation

Older people must have access to the WASH services they need

The rights to water and sanitation indicate that services must be sufficient, safe, physically accessible, and affordable. Older people can face barriers in engaging with standard programmes that prevent equal access to appropriate WASH support – these barriers can be environmental, institutional, attitudinal, and social. For instance, lack of universal pension coverage means older persons typically must rely on family members to provide them with water or to build a toilet, or else take a loan using land or other assets as collateral. This can put them at risk of greater poverty if they are unable to pay the loan back.

In a study of the refugee camps in Cox's Bazaar (House 2019), separate meetings with older Rohingya men and women highlighted the range of challenges they faced in accessing WASH. These include challenges in reaching water points, particularly in the difficult topographic context of the camps; not being able to queue for using the toilets, particularly during peak hours; and problems with using the 'latrine' e.g. 'squat latrine facilities'. Older people also shared concerns about the distance to facilities, a lack of facilities, too many families sharing the facilities, lack of gender separation, broken facilities, poor-quality water, dropping water tables, and facilities that needed emptying.

Case study example Cox's Bazaar

My name is Rabeya, and I am 86 years old. I am living in this camp for three years now and still not over the shock of fleeing my country. I really struggle to get down these steps to the toilet as my legs are very weak and I cannot see well. My stick is my guide. My family has gone for food distribution, so no one can help me now. I wish there was a toilet nearer my home.

Source: Help Age (2020)

Cox's Bazar WASH Sector 2020 guidance for older persons and WASH response during COVID-19

Learning from this experience, the Cox's Bazar WASH sector developed guidance including:

- Households with older people should be identified to discuss hygiene measures for COVID-19 prevention as well as consulting older people directly.
- Older people should be advised not to go to meetings and gatherings with a high risk for infection transmission.
- A family carer should be nominated to help the older family member to collect water, go to the market and similar activities, as well as support them to reach latrines or bathing places.
- Every household, including those with older members, should have hygiene items delivered such as additional water containers and soap for handwashing.
- Household members should be asked to install a handwashing station in front of the shelter (e.g. a tippy tap) and to ensure its operation and maintenance, including soap provision.
- Information, education and communication materials should always represent older people and other vulnerable groups, to ensure fair representation.

Source: Cox's Bazar WASH Sector (2020)



Case study: Poo kits, Nigeria

In 2018, during the Lake Chad basin Emergency Response, Oxfam provided assistance alongside MSF to over two thousand internally displaced persons (IDPs). Oxfam Nigeria provided a targeted WASH response to older people in IDP camps.

Community hygiene volunteers were selected from the IDP population to assist in sensitising the community on the use and maintenance of latrines and bathrooms. Very elderly people were not willing to use the latrines and continued to defecate outside.

Through discussion with older people, Oxfam established that immobility and fear of falling deterred them from using latrines since they considered the plastic slabs not stable enough to prevent a fall.

In consultation with older people and their carers, Oxfam proposed potties as a solution. A poo kit was assembled with a potty, packet of disposable hand gloves (100 pairs), 500 grams powder soap, a broom, and a 5 litre jerry can for water storage.



In communities, WASH services are often managed by a committee. Older people may be represented on WASH committees and some take on other WASH leadership roles. Their participation is key, since they are more likely to stay in their communities and can provide continuity to community WASH activities. Older people are often respected leaders in

their communities with a wealth of community knowledge and experience. Many older people have a role as natural leaders in community-led sanitation processes. However, older people can also be excluded from participation, or from hygiene promotion sessions and WASH user groups, because they are less visible.

Case study example

Mrs Momena Begum is 70 years old and is suffering from old-age-related disability. She is a member of Bondhon Protibondhoi Shogstha (Bondhon Disability Organisation). Her husband died about four years ago and even though she has five children, none takes care of her. She lives in Vashantek slum, Dhaka.

She is very concerned about the lack of public awareness, proper sanitation, and water management facilities, which has led to unhygienic conditions in the slum, especially for elderly and disabled people.

Her personal experiences motivated her to join Bondhon Protibondhoi Shogstha. She now leads a forum of elderly people and maintains linkages with other organisations, especially the local government institution and its elected representative.

Source: FANSA and WSSCC (2015b)

iii. Monitoring, evaluation, and learning

Older people should have improved services and inclusion as WASH agencies learn from experience

WASH agencies do not typically include older people in their data collection, monitoring, and measurement. For instance, data is not disaggregated for older people in the way it is for children (neo-natal, under five, teenage) even though health-related data presents a case to do so. Nevertheless, there are programme-level examples where staff have identified the needs of older people, for instance through household surveys. To date there has been limited research on the topic, however the Undoing Inequity research project run by WaterAid, WEDC, and Leonard Cheshire Disability, with funding from the SHARE research consortium, worked in Amuria and Katakwi districts in Uganda and the Mwanza West ward in Zambia. The project aimed to understand the barriers disabled people, older people, and people living with a chronic illness faced in relation to WASH. The team conducted a baseline survey, then developed and tested an Inclusive WASH approach and evaluated its impact on the lives of the target population.

iv Capacity building of programme staff and partners

Older people should be served by well-trained WASH NGO staff and have equal opportunities for employment within these organisations

Many WASH NGOs focus on mothers and children. A lack of knowledge or experience, or unconscious bias can lead staff to unintentionally exclude or discriminate against older people. Very few WASH programmes focus on older people. WASH actors are more familiar in engaging with Organisations of Persons with Disabilities, but few routinely engage with Older Persons' Organisations. In humanitarian settings, WASH agencies may be more familiar with Help Age and their network members.

Case study: Undoing Inequity project

Ester Cheelo, an older visually impaired woman in Zambia explains:

'I used to go to the bush with a child who leads me, but they would lead me to the thorns, and I would get cut on my ankles and legs. Sometimes the child would not see a ditch and I would fall in. I used to be scared that people would see me as I didn't know if I was near the road or covered, but with time I got used to it ... Before they brought water, I could bathe once a month. Now I can bathe two to three times a day. People never used to eat with me because I was dirty and smelling. Now everyone can eat together as I am no longer dirty.'

Source: Wilbur (2016)



Case study: Staff capacity strengthening

During the COVID-19 pandemic, Oxfam adapted their existing hygiene programme approach to suit the needs of carers. By doing this they learned that most caregivers in their region were themselves older people. Oxfam adapted their programme activities so that they took place at times that were convenient for caregivers and were in locations near to where they lived. They specifically discussed their caregiving roles and the challenges the pandemic had created and connected carers to each other to create local support networks. The recognition that this group of people needed specific hygiene information is a good example of how important it is to view the family as a resource for public health programmes.

Source: Hygiene Hub (2021)

Conclusions: Why WASH matters for older people

The following points sum up why WASH matters for older people.

- **Older people are rights holders:** access to water and to sanitation are not only fundamental human rights for survival and health but also for living life in dignity. Equality and non-discrimination are key principles. Often WASH facilities and services are not set up to meet the additional accessibility and participation requirements that older people may have to successfully realise their rights.
- **Older peoples' WASH needs can often be neglected:** the lack of sex and age disaggregated data and negative attitudes towards older people's representation across WASH activities means that older people's WASH needs may be neglected in households and the community. For instance, most data only records people as 60+, which neglects the range of needs of older people and also how people's needs change across different age cohorts.
- **Older people become more vulnerable to disease,** including those caused by poor quality water and badly managed toilets. A lack of toilets in public settings can lead to older people becoming house-bound, because of incontinence or the need to urinate/defecate more frequently (SWA 2017).
- **The agency and voice of older people to claim their rights to WASH varies** as well as the finance and other resources to build, use, and maintain their own WASH facilities. Older people may rely on the assistance of their families or communities to access WASH. But it is important to recognise that older people also have agency to make their own WASH improvements. Older people may themselves be WASH service providers – e.g. water vending from their water taps – as a form of income (Najjumba-Mulindwa 2001). Older women also take care of the WASH needs of spouses, grandchildren, and other relatives, including those with disabilities .
- **WASH for older people is currently not an organisational strength** for many WASH agencies implementing programmes or supporting WASH system strengthening. The sector has tended to equate the needs of older people with those of people with a disability.

Recommendations for WASH programmes

i. Planning with communities and programme design

- A needs (or rapid) assessment using and analysing sex, age, and disability disaggregated data is necessary to identify those who may need support, for example older women and men struggling with WASH practices, those living alone, or those who have difficulty walking. The assessment should include questions on mental health and psychosocial wellbeing. This information can then be used to design programmes and monitoring frameworks.
- Ensure effective participation of older people on an equal basis with others.
- Facilitate the involvement of older persons in decision-making and WASH leadership structures, recognising the specific support that older women and older people with disabilities may need in order to take on these roles.
- Older people, as caregivers to younger children, are an additional resource for extending WASH behaviour change messages within the household and community, so their participation should be encouraged. Similarly, caregivers of older adults can also be a specific target, with behaviour change messages tailored to their specific requirements.
- A power analysis would help understand the dynamics in the community and how these affect older people and their access to WASH facilities. Programmes should be designed to take these into account.
- Programme design should include arrangements to prevent instances of harm and abuse, such as emotional or financial abuse and neglect. Community activities should include awareness raising on what constitutes harm and provide a confidential mechanism for people to report abuse or access support.

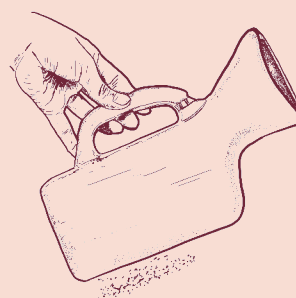
ii WASH programme implementation

A barrier analysis would help to systematically identify the most important barriers to participation and access for a particular person or community. We make the following recommendations regarding environmental, institutional, attitudinal, and social barriers.

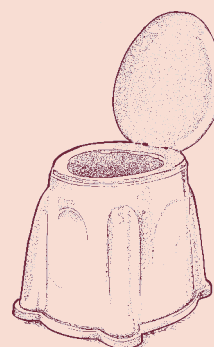
Recommendations to reduce environmental barriers

Address the RECU principles – Reach, Enter, Circulate, and Use (UNRWA 2017).

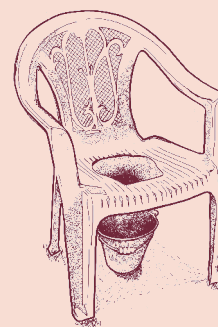
- **Reach** – ensure older people are able to move around the community to get to the WASH facility. Locate facilities nearer the house or make it easier for the person to find their way to the toilet/water point/handwashing facility/ bathing shelters. The route to the facility should be clear to ensure older people can safely reach the toilet without the risk of trips or falls. A sign or image (pictures or arrows) can help people with dementia identify where the toilet is – or if the door to the toilet is left open it can help people find it. A brightly coloured toilet superstructure can make it easier to see, especially at night. The WaterAid accessibility and safety audit can help with siting and adapting the facilities.
- **Enter** – ensure older people are able to get inside the facility they want to use. WASH facilities can be adapted to include ramps, handrails, wide doorways, appropriate door handles, etc. A chair or stool might also be helpful during queuing times at water points/public toilets.
- **Circulate** – ensure it is possible for the person (and a carer if needed) to move about inside the toilet. This requires wide doors, an absence of high steps and thresholds, adequate light, and so forth.
- **Use** – making sure older people are able to use all services and facilities requires appropriate dimensions and design of facilities. There are also devices or modifications that make it easier for older people to take care of their WASH needs, including urinals, commodes, removable raised toilet seats, and chairs/stools for bathing while seated. Men with reduced mobility or balance, or who are not able to direct their urine when standing, may find it easier to sit. Older people often report using makeshift arrangements for toilets at night or defecating/urinating near the house. A commode or urinal by the bed means that the person doesn't have to get up and walk to the toilet. Water containers may be too heavy for older persons to collect and bring home by themselves. Smaller jerry cans can be helpful to older people (although may necessitate more trips to refill) and a home delivery service could be established. Providing a 'package' of these devices is important; in Nigeria a 'poo kit' for older people was designed based on a needs assessment and in consultation with older people themselves.
- Consult older people on inclusive design for appropriate affordable technology options, modify facilities based on feedback, and continue the dialogue between users and WASH providers. Two-way, shared learning will give a better result.



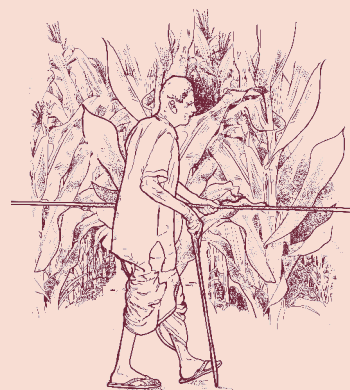
Urinal bottle/bed pan



High commode



Plastic commode chair



Guide rope to the toilet

Recommendations for reducing barriers

Institutional barriers

- Coordination between older persons' rights holder organisations, NGOs, the private sector, academia, and other relevant stakeholders is needed to promote WASH for older persons.
- Community health care workers and volunteers need support and training on the specific WASH needs of older people.
- Awareness of appropriate technology options should be raised among both potential users and WASH staff/ community volunteers.

Attitudinal barriers

- Staff should be enabled to address their own attitudes towards older people (and their willingness to change behaviours); for instance through training on ageism, how to engage with older persons, or the signs of elder abuse and how to respond.
- Appropriate behaviour and attitudes must be instilled in programme staff and partners, for example not rushing, taking time, listening, and showing respect.
- Hygiene campaign materials and messages should show positive images of skilled and capable older persons who actively contribute to their families and communities.

Social barriers

- Hygiene promotion activities should aim to educate and empower older people to practise healthy behaviours.
- Home visits could also be needed to identify, consult, and monitor older people most at risk, including older people with disabilities.
- Community support should be strengthened to prioritise access for older people to water points, latrines, or

bathing places; older people should be supported to strengthen their social connections, for example by facilitating the active involvement of older people in community activities.

iii. Monitoring, evaluation, and learning

- Making inclusion happen depends on collecting better information – sex, age, and disability disaggregated data – in order to give a voice to older people.
- Monitoring indicators should be age-sensitive and all-age-inclusive. Age-related data should be disaggregated, since WASH needs change as people move up through the age cohorts (50–59, 60–69, 70–79, and 80+)
- Focused research and analytical methods are needed to improve WASH data and information relating to the needs of older people. Participatory tools (for women and men) that could be adapted for this purpose include daily activity diagrams, seasonal diagrams, historical timelines, ranking and scoring, and livelihood analysis diagrams.

iv. Capacity building of programme staff and partners

- Build programme staff and partner capacities on programme design, participatory processes, and working with older people.
- Engaging with rights holder organisations is key to working effectively with older people and building the capacity of staff and partners. For instance, Help Age work with older people's associations, community-based organisations of older people that use the resources and skills of older people to provide support, facilitate activities, and deliver services.
- Regularly reflect on the learning of staff and partners on how to work more effectively with older people – this requires human resources and funding.

Areas for further research

- Learn from COVID-19 programmes about effective ways (as well as failures) to reach older people.
- Infrastructure barriers are well understood; more attention is needed to address social barriers and deeply entrenched attitudes (including those of programme staff) that lead to the exclusion of older people. It is necessary to:
 - Understand cultural differences and intersectionality in order to better address the complexities in changing WASH behaviours.
 - Assess how WASH needs change for old and older people across the age cohorts, e.g. how does water use or hygiene needs change as self-care becomes a challenge?
 - Identify how neglect of older people by caregivers (including denial of access to water for drinking, washing, and toileting) can be understood through a protection lens. What opportunities exist for collaboration between WASH and protection actors on this?
- What tools and inclusive participatory approaches can WASH and other actors use to increase the involvement of older people in decision-making?
- What tools exist for collecting disaggregated data for old and older people across age cohorts?

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SLH Learning Paper

WASH and older people



There are estimated to be around 900 million older adults (aged 60 years and above), around 13 per cent of the world population. The COVID-19 pandemic helped shed light on the specific needs of older people as a group more susceptible to severe disease/infection, and revealed the lack of capacity within water, sanitation, and hygiene (WASH) NGOs to respond to these specific needs. This *SLH Learning Paper* explores the WASH needs of older people in both development and humanitarian contexts, as well as the fundamental role older people play in facilitating other people's WASH access, health, and wellbeing. The paper refers to the data WASH actors collect on older people in order to understand their differing WASH needs, the barriers to accessing WASH, and the need to ensure older people's participation, including their active role in helping find the solutions. Recommendations are made for planning with communities and programme design; WASH programme implementation and to reduce environmental barriers.



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