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Arbeiter-Samariter-Bund

Investing in Inclusive Water, Sanitation and Hygiene (WASH)

Lessons for disability and older age inclusion
from the Central Sulawesi response



Executive Summary

This report describes the implementation and findings of our research on the inclusion of people with disabilities and older people in humanitarian Water, Sanitation and Hygiene Promotion (WASH) programming following the Central Sulawesi earthquake, tsunami, and liquefaction in 2018. The research was conducted by Arbeiter-Samariter-Bund Indonesia and the Philippines (ASB) in partnership with the Working Group of Organisations of Persons with Disabilities (OPDs), Central Sulawesi and Center for Health Policy and Management, University of Gadjah Mada (CHPM), Yogyakarta.

The research included an online survey to map WASH actors involved in the Sulawesi response with complete survey forms received from 26 WASH actors. Follow up interviews were completed with nine of these organisations. Interviews were also conducted with 30 older people and 29 people with disabilities. Local data collection was carried out by people with disabilities from the Working Group of Organisations of Persons with Disabilities with guidance from ASB and CHPM. A supplementary focus group discussion with a local older people's association (OPA) assisted in validating findings. Findings are presented in this report against the nine Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS).

While there were efforts to include older people and people with disabilities in the Central Sulawesi WASH response, they were limited. Mostly, initiatives were led by specialised organisations. More commonly, older people and people with disabilities were considered to be included in general WASH initiatives with no specific targeting. There were some efforts to improve the physical accessibility of toilets in particular but little attention was paid to wider social barriers and to ensuring participation by

older people and people with disabilities in design, implementation or decision making. The research also highlights attitudinal barriers that can lead to the potential contributions of older people, and particularly older women, and people with disabilities being overlooked. Perceptions that inclusion was the responsibility of specialised organisations were common. However, the research also identified areas of opportunity that can be built on.

Areas of opportunity to improve disability and older age inclusion identified through the research draw on growing awareness, and reflections on challenges and constraints across the sector, alongside initiatives implemented by specialised organisations. Opportunities include:

- Wider adoption and scaling up of existing practices alongside better linkages between wider response initiatives, such as on data, and with the WASH cluster
- Building on donor commitments to disability and older age inclusion and ensuring they are reflected in work 'on the ground' and are properly resourced
- Better consideration of experiences that may be common to both older people and people with disabilities and where these may diverge
- And the importance of further mainstreaming inclusion objectives across organisations' mandates and work.

About us

Arbeiter-Samariter-Bund (ASB) Indonesia and the Philippines

ASB is a German relief and social-welfare organisation engaged in a wide range of social service provision in Germany and abroad. ASB started working in Indonesia in 2006 following the Yogyakarta earthquake and in the Philippines in 2014 following Typhoon Haiyan.

ASB is committed to improving meaningful access and participation for all. Strengthening individuals, communities, organisations, networks and decision makers' capacities to create positive change, and enhance societies' ability to manage risk. For more information, visit www.asbindonesia.org

The Working Group of Pasigala Organisations of Persons with Disabilities

The Working Group of Pasigala Organisations of Persons with Disabilities (OPDs) in Palu, Sigi Donggala, Central Sulawesi was established with the intention to facilitate capacity building and the active contributions of persons with disabilities in the inclusive humanitarian response following the 2018 earthquake, tsunami, and liquefaction disaster in Central Sulawesi.

The Working Group of Pasigala OPDs is an association consisting of several community-based OPDs in Central Sulawesi, namely Perkumpulan Penyandang Disabilitas Indonesia – PPDI (Indonesian Association of People with Disabilities), Himpunan Wanita Disabilitas Indonesia - HWDI (Indonesian Women with Disabilities Association), Persatuan Tuna Netra Indonesia – Pertuni (Indonesian Blind Association), and Gerakan untuk Kesejahteraan Tuna Rungu Indonesia - Gerkatin (Movement for Indonesian Deaf Peoples Welfare).

The Working Group of Pasigala OPDs continues to be actively involved in the process of inclusive community recovery in the Sigi and Donggala regions, particularly in community resilience and the WASH sector.

Elrha's Humanitarian Innovation Fund

'Investing in Inclusive Water, Sanitation and Hygiene (WASH)' research is funded and supported by Elrha's Humanitarian Innovation Fund (HIF), a programme which improves outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions.

The HIF's work on the inclusion of people with disabilities and older people is funded by the UK Foreign, Commonwealth and Development Office (FCDO).

Elrha is a global charity that finds solutions to complex humanitarian problems through research and innovation. Visit www.elrha.org to find out more.

Research Team and Authors of the Report

The research was conducted through a partnership between ASB Indonesia and the Philippines, the Working Group of Pasigala OPDs, and the Center for Health Policy and Management of Gadjah Mada University (CHPM UGM).

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Abbreviations

ASB Arbeiter-Samariter-Bund Indonesia and the Philippines

CHPM Center for Health Policy and Management of Gadjah Mada University

CRPD Convention on the Rights of Persons with Disabilities

HIF Elrha's Humanitarian Innovation Fund

HIS Humanitarian Inclusion Standard for Older People and People with Disabilities

NGO Non-governmental organisation

OPAs Older People's Associations

OPDs Organisations of People with Disabilities

WASH Water, sanitation and hygiene

WG-SS Washington Group Short Set on Functioning

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Key terms

Accessibility

“Ensuring that people with disabilities are able to have access to the physical environment around them, to transportation, to information such as reading material, to communication technology and systems on an equal basis with others. Accessibility requires forward thinking by those responsible for delivery of private and public services to ensure that people with disabilities can access services without barriers.”¹

Barriers

“Factors that prevent a person from having full and equal access and participation in society. These can be environmental, including physical barriers (such as the presence of stairs and the absence of a ramp or an elevator) and communication barriers (such as only one format being used to provide information), attitudinal barriers (such as negative perceptions of older people or people with disabilities) and institutional barriers (such as policies that can lead to discrimination against certain groups). Some barriers exist prior to the conflict or natural disaster; others may be created by the humanitarian response.”²

Emergency relief

Immediate survival assistance to the victims of crisis and violent conflict. Most relief operations are initiated on short notice and have a short implementation period (project objectives are generally completed within a year). The main purpose of emergency relief is to save lives.³ The term “relief” in this report is used interchangeably with “response”.

¹ CBM (2017). Disability-Inclusive Development Toolkit, Bensheim, retrieved from <http://bit.ly/2lVeI5A>.

² ADCAP (2018). Humanitarian inclusion standards for older people and people with disabilities, retrieved from <https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>.

³ ReliefWeb (2008). Glossary of Humanitarian Terms, retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/4F99A3C28EC37D0EC12574A4002E89B4-reliefweb_aug_2008.pdf.



Humanitarian response

Aid, including emergency relief, that seeks, to save lives and alleviate suffering of a crisis affected population. Humanitarian assistance must be provided in accordance with the basic humanitarian principles of humanity, impartiality and neutrality, as stated in General Assembly Resolution 46/182.⁴

Inclusion

“A rights-based approach to community programming, aiming to ensure persons with disabilities have equal access to basic services and a voice in the development and implementation of those services. At the same time it requires that mainstream organisation make dedicated efforts to address and remove barriers.”⁵

Inclusive WASH

For the purpose of this report, “inclusive WASH” means a WASH programme that is able to identify and monitor the needs and capacities of older people and people with disabilities, ensure safe and dignified access to water supplies, sanitation facilities, and hygiene promotion activities, and enable the participation of older people and people with disabilities in WASH activities.⁶

Intersectionality

Interaction of “multiple factors” (or social identities), “such as disability, age and gender, which can create multiple layers of discrimination, and, depending on the context, entail greater legal, social or cultural barriers. These can further hinder a person’s access to and participation in humanitarian action, and more generally, in society.”⁷

⁴ Ibid.

⁵ ADCAP (2018). Humanitarian inclusion standards for older people and people with disabilities, retrieved from <https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>.

⁶ ADCAP (2018). Humanitarian inclusion standards for older people and people with disabilities, p. 122, retrieved from <https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>.

⁷ Ibid, p. 253.

Older people

Older people are a fast-growing proportion of the population in most countries. This report uses WHO's criteria of an older person, that is over 60 years old.⁸

OPAs (Older people's associations)

"OPAs are [...] organisations of older people, aimed at improving the living conditions for older people and for developing their communities. OPAs utilise the unique resources and skills older people have, to provide effective social support, to facilitate activities and deliver services."⁹

OPDs (Organisations of people with disabilities)

"Self-organised representative organisations where the majority of control at board level and at membership level is with persons with disabilities. The role of an OPD is to provide a voice for persons with disabilities on all matters related to the lives of persons with disabilities."¹⁰

People with disabilities / persons with disabilities

The Convention on the Rights of Persons with Disabilities provides the following description: "Persons with disabilities include 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 with others."¹¹

Reasonable accommodation

"Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."¹²



⁸ World Health Organization (2001). Men Ageing and Health: Achieving health across the life span, retrieved from https://apps.who.int/iris/bitstream/handle/10665/66941/WHO_NMh_NPH_01.2.pdf

⁹ HelpAge International (2009). Older people in community development: The role of older people's associations (OPAs) in enhancing local development, London, p. 2, retrieved from <http://bit.ly/2kczch1>

CBM (2017). Disability-Inclusive Development Toolkit, Bensheim, retrieved from <http://bit.ly/2lVei5A>.

¹⁰ UN General Assembly (2006). Convention on the Rights of Persons with Disabilities (A/RES/61/106), Article 1, retrieved from <http://bit.ly/2ieddTM>

Universal design

“The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.”¹³

WASH

WASH refers to water, sanitation and hygiene. WASH programmes aim to reduce public health risks and diseases related to inadequate sanitation and water supplies and poor hygiene. In WASH programmes, it is important to manage the entire water chain (water sourcing, treatment, distribution, collection, household storage and consumption), manage the entire sanitation chain in an integrated manner, enable positive healthy behaviours, and ensure access to hygiene items.¹⁴

WASH actors

Stakeholders that directly or indirectly influence the WASH system. WASH actors may be specific individuals or organisations (e.g., water operators, health extension workers, water committees, non-governmental organisations and government agencies) or international entities with less direct links to the local WASH system.¹⁵ In this report, WASH actors do not exclusively refer to practitioners but also individuals within managerial scope. This term is used to cover stakeholders working in the humanitarian sector.

¹² UN General Assembly (2006). Convention on the Rights of Persons with Disabilities (A/RES/61/106), Article 2, retrieved from <http://bit.ly/2zlgATM>

¹³ Ibid, Article 2.

¹⁴ Sphere Association (2018). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, p. 92, retrieved from www.spherestandards.org/handbook

¹⁵ Huston, A. and Moriarty, P. (2018). Understanding the WASH system and its building blocks, Working Paper, IRC, p. 5, retrieved from https://www.ircwash.org/sites/default/files/wash_system_and_building_blocks_wp2018.pdf



1. Introduction

This report describes the implementation and findings of our research on the inclusion of people with disabilities and older people in humanitarian Water, Sanitation and Hygiene Promotion (WASH) programming. The research was conducted between 2020 and 2021 in Central Sulawesi, Indonesia. The September 2018 Central Sulawesi earthquake triggered secondary hazard events of tsunami and liquefaction and affected 1.5 million people. Following an initial response by the Indonesian government, the National Disaster Management Agency (BNPB) and Ministry of Foreign Affairs welcomed offers of international humanitarian assistance in October 2018.¹⁶

In 2019, Elrha's Humanitarian Innovation Fund (HIF) launched a challenge to identify and generate evidence on the inclusion of people with disabilities and older people in WASH programming in humanitarian action.¹⁷ The ongoing humanitarian response in Central Sulawesi provided a unique opportunity to respond to this challenge and contribute evidence to the humanitarian WASH sector.

This report begins by presenting a background summary, including the roles of our research partners. Chapter 2 describes our research aims, limitations and methods used for data collection and data analysis. Chapter 3 presents our research findings, which are discussed in more detail in Chapter 4. Areas of opportunity for innovation to improve older age and disability inclusion in WASH are presented in Chapter 5. A list of key terms used in this report are defined and included above. Experiences from partnering with organisations of persons with disabilities (OPDs) in this research are available separately as ASB's "Practical Guidelines for Co-researching with Persons with Disabilities".¹⁸

¹⁶ Humanitarian Country Team, Indonesia, OCHA, UN RC/HC Indonesia (2018). Central Sulawesi Earthquake Response Plan (Oct 2018 – Dec 2018), 2018, retrieved from <https://reliefweb.int/report/indonesia/central-sulawesi-earthquake-response-plan-oct-2018-dec-2018>

¹⁷ Elrha's Humanitarian Innovation Fund (2019). Understanding the Barriers to Inclusion Faced by People with Disabilities & Older People in WASH Humanitarian Programming, retrieved from <https://www.elrha.org/wp-content/uploads/2019/05/handbook-DOAI-WASH.pdf>

¹⁸ ASB Indonesia and the Philippines (2021). Practical Guidelines for Co-researching with Persons with Disabilities: Reflections and lessons learned in participatory research on Inclusive WASH in humanitarian responses, bit.ly/penelitianpartisipatoris

a. Background

WASH is a priority in humanitarian action. Adequate provision of WASH is proven to reduce the vulnerability of affected populations by reducing faecal to oral transmission of disease and exposure to disease-bearing vectors; maintaining safe water sources and waste systems; and reducing environmental health risks.¹⁹ Nevertheless, at-risk groups, including older people and people with disabilities, are often left behind in humanitarian action and the provision of WASH. A World Health Organization report notes “persons with disabilities are too often neglected in the contingency planning, assessment, design, and delivery of humanitarian relief.”²⁰ A Handicap International study found that “WASH access was a prominent concern for disabled people and one that negatively affected their lives and those of their carers.”²¹

International humanitarian standards, such as the Core Humanitarian Standards (CHS) and Sphere standards, including the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) provide guidance for inclusive humanitarian action.²² Despite this, humanitarian response in Sulawesi, including WASH, was observed to lack inclusive practices especially in terms of older age and disability.²³ This may be partly due to the nature of early response with WASH interventions focusing on delivering large-scale assistance with limited participation by the affected community.²⁴ As a result, the inclusion of older people and people with disabilities can be limited. Further, there is a lack of evidence on inclusive WASH in humanitarian contexts due to limited implementation of inclusive interventions and/or minimum documentation of inclusive practices.²⁵

There is little available literature on inclusive WASH interventions in humanitarian settings.²⁶ Literature documenting inclusion in WASH mainly focuses on the types of barriers from the standpoint of people with disabilities, older people, and

¹⁹ World Health Organization (2017). Health Emergency and Disaster Risk Management: Water, Sanitation and Hygiene, Health Emergency and Disaster Risk Management Fact Sheets, December 2017, retrieved from <https://www.who.int/hac/techguidance/preparedness/risk-management-wash-december2017.pdf>

²⁰ Handicap International (2015). Disability in humanitarian context: views from affected people and field organisations, p. 5, retrieved from <https://handicap-international.ch/sites/ch/files/documents/files/disability-humanitarian-context.pdf>

²¹ White, S., Kuper, H., Itimu-Phiri, A., Holm, R., & Biran, A. (2016). A Qualitative Study of Barriers to Accessing Water, Sanitation and Hygiene for Disabled People in Malawi. PLOS ONE, 11(5), p.14 e0155043. doi:10.1371/journal.pone.0155043

²² ADCAP (2018). Humanitarian inclusion standards for older people and people with disabilities, retrieved from <https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>

²³ ASB's observation during Central Sulawesi response in 2018.

²⁴ Day, S. J. and Forster, T. (2018). Water, Sanitation and Hygiene in Post-Emergency Contexts: A study on establishing sustainable service delivery models, Research Report, retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/rr-wash-post-emergency-delivery-041218-en.pdf>

²⁵ Richard, D. and Kiani, S. (2019). Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elrha, retrieved from <https://www.elrha.org/researchdatabase/rapid-review-of-disability-and-older-age-inclusion-in-wash/>

²⁶ Ibid.

women in accessing WASH.²⁷ The literature notes general barriers, such as environmental or physical; social, attitudinal or cultural; and institutional, organisational, or policy barriers, as well as the impacts of these barriers on people with disabilities.²⁸ These impacts include difficulty in accessing and using WASH services and facilities, exclusion from receiving adequate information about WASH, and being left out of decision making and resource allocation during WASH service provision.²⁹

There are examples of technical or practical strategies for addressing barriers to inclusion in WASH interventions in the literature. Intervention strategies are usually presented as good practices to be replicated by other WASH practitioners.³⁰ Examples include mainstreaming inclusion based on situational analysis of the problems faced by older people and people with disabilities, design and construction of accessible WASH facilities, piloting inclusive WASH activities within broader WASH programmes, and awareness raising to WASH personnel.³¹

While there are a number of studies that address the inclusion of people with disabilities in humanitarian WASH programming, there are few studies that focus solely on the inclusion of older people. A WaterAid study notes that “for WASH implementers, improving access for disabled people is a useful indicator of inclusion, as it also includes frail older people who may be experiencing exclusion from facilities and services.”³² Addressing disability and older age together is based on the understanding that both people with disabilities and older people experience similar difficulties, such as reduced mobility and low vision. A HelpAge International assessment focusing on older people affected by the 2018 Sulawesi disaster found over 90% of older people reported concerns over safety, privacy and dignity when accessing WASH facilities.³³



²⁷ See for example, (A) Jones, H. and Reed, B. (2006). Water and sanitation for disabled people and other vulnerable groups: Report of Conference and Workshop in Cambodia, retrieved from https://wedc-knowledge.lboro.ac.uk/docs/research/WEJFK/Cambodia_WEDC_watsan_for_disabled_report.pdf

(B) WaterAid Australia (2012). Towards Inclusive WASH: Sharing evidence and experience from the field, retrieved from https://www.inclusivewash.org.au/wp-content/uploads/2018/09/TowardsInclusiveWASH_Publication.pdf

²⁸ See for example, (A) Noga, J. and Wolbring G. (2012). The Economic and Social Benefits and the Barriers of Providing People with Disabilities Accessible Clean Water and Sanitation, Sustainability, 2012(4), pp. 3023-3041, doi:10.3390/su4113023.

(B) World Vision International (2014). Casting the net further: Disability inclusive WASH, retrieved from https://www.wvi.org/sites/default/files/Full%20Disability%20Inclusive%20WASH%20Report.FINAL_.pdf

(C) Wilbur, J. and Jones, H. (2014). Disability: Making CLTS Fully Inclusive, Frontiers of CLTS: Innovations and Insights Issue 3, Brighton: IDS. (D) Groce, N., Bailey, N., Lang, R., Trani J. F., and Kett, M. (2011). Water and sanitation issues for persons with disabilities in low-and middle-income countries: a literature review and discussion of implications for global health and international development, Journal of Water and Health, 9(4), doi: 10.2166/wh.2011.198.

(E) World Bank (2017). Including Persons with Disabilities in Water Sector Operations, Guideline, retrieved from <http://documents.worldbank.org/curated/en/834711499660401130/Including-persons-with-disabilities-in-water-sector-operations-a-guidance-note>

²⁹ WaterAid Australia (2012). Towards Inclusive WASH: Sharing evidence and experience from the field, retrieved from https://www.inclusivewash.org.au/wp-content/uploads/2018/09/TowardsInclusiveWASH_Publication.pdf

Knowledge gaps on disability and older age inclusion in humanitarian WASH programming have been documented in a rapid review by Elrha.³⁴ Key gaps identified from the Elrha review include:

- 1 Limited evidence on the identification of needs of older people and people with disabilities, as well as identifying barriers in WASH other than physical barriers, such as institutional, attitudinal, and communication and information barriers.
- 2 Limited evidence of interventions addressing intersectionalities between gender, older age, and disability.
- 3 Lack of documentation of raising awareness on the rights to WASH among WASH users and of inclusion-related capacity building among WASH actors.
- 4 Lack of evidence on practices to strengthen capacity and meaningful participation of older people and people with disabilities through different stages of WASH interventions, including participation in decision-making.

In the main, the literature emphasises the experiences of the older people and people with disabilities when they face difficulties in, for example, accessing latrines.³⁵ The experiences documented are heavily focused on physical or environmental barriers.³⁶ There is limited evidence addressing barriers from the standpoint of WASH service providers. As a consequence, there is a limited understanding on what are the underlying factors or root causes contributing to WASH actor's difficulties ensuring inclusion in their programming.

³⁰ (A) Jones, H. (2019). Mainstreaming disability and ageing in water, sanitation and hygiene programmes: A mapping study carried out for WaterAid, pp. 10-13, retrieved from https://www.humanitarianlibrary.org/sites/default/files/2019/09/EI_WASH_ageing_disability_report.pdf
(B) UNICEF (2015). Good practices in the provision of accessible and inclusive WASH services, UNICEF country offices, Report, retrieved from <https://www.unicef.org/media/91271/file/UNICEF-Accessible-Inclusive-WASH-Mapping.pdf>

³¹ Jones, H. (2019). Mainstreaming disability and ageing in water, sanitation and hygiene programmes: A mapping study carried out for WaterAid, pp. 10-13, retrieved from https://www.humanitarianlibrary.org/sites/default/files/2019/09/EI_WASH_ageing_disability_report.pdf

³² Jones, H. (2019). Mainstreaming disability and ageing in water, sanitation and hygiene programmes: A mapping study carried out for WaterAid, p. 14, retrieved from https://www.humanitarianlibrary.org/sites/default/files/2019/09/EI_WASH_ageing_disability_report.pdf

³³ HelpAge International (2017). Rapid needs assessment of older people affected by the earthquake and tsunami in Sulawesi, Indonesia, retrieved from https://aidstream.org/files/documents/Rapid-Needs-Assessment-of-Older-People_Indonesia_FINAL1-20190115110116.pdf

³⁴ Richard, D. and Kiani, S. (2019). Rapid Review of Disability and Older Age Inclusion in Humanitarian WASH Interventions, Elrha, retrieved from <https://www.elrha.org/researchdatabase/rapid-review-of-disability-and-older-age-inclusion-in-wash/>

³⁵ (A) Jones, H. (2019). Mainstreaming disability and ageing in water, sanitation and hygiene programmes: A mapping study carried out for WaterAid, retrieved from https://www.humanitarianlibrary.org/sites/default/files/2019/09/EI_WASH_ageing_disability_report.pdf
(B) Jones, H. and Reed, B. (2006). Water and sanitation for disabled people and other vulnerable groups: Report of Conference and Workshop in Cambodia, retrieved from https://wedc-knowledge.lboro.ac.uk/docs/research/WEJFK/Cambodia_WEDC_watsan_for_disabled_report.pdf

³⁶ Ibid.

b. Partners

This Elrha funded research was led by Arbeiter-Samariter-Bund Indonesia and the Philippines (ASB). ASB worked in partnership with the Working Group of Organisations of Persons with Disabilities in Palu, Sigi and Donggala, Central Sulawesi. Working Group members included the following organisations of people with disability (OPDs): Perkumpulan Penyandang Disabilitas Indonesia (PPDI, Indonesian Association of Persons with Disabilities), Himpunan Wanita Disabilitas Indonesia (HWDI, Indonesian Association of Women with Disabilities), Persatuan Tuna Netra Indonesia (Pertuni, Indonesian Blind Association), dan Gerakan untuk Kesejahteraan Tuna Rungu Indonesia (Gerkatina, Movement for the Welfare of the Deaf in Indonesia).

ASB previously worked with Working Group partners during the Central Sulawesi response, including conducting needs assessments using the Washington Group Short Set of Questions and monitoring construction of latrines and water supply interventions. This initial collaboration was extended to this research project. 18 OPD members (8 female, 10 male) participated as data collectors to identify and interview older people and people with disabilities in this research. OPD members were also part of a Steering Committee, a decision-making body consisting of practitioners, academics, and OPD representatives to monitor and provide recommendations regarding our research direction as well as dissemination of research findings to local government and communities.³⁷

This research was also conducted in partnership with the Center for Health Policy and Management, University of Gadjah Mada (CHPM). CHPM co-developed the research design with ASB, including development of data collection tools, and provided ethics clearance from the University of Gadjah Mada's human ethics committee. CHPM provided online training to OPD researchers on conducting research, research ethics, and using the data collection tools.

³⁷ Information related to how this research used collaborative research with OPDs is available in ASB Indonesia and the Philippines (2021). Practical Guidelines for Co-researching with Persons with Disabilities: Reflections and lessons learned in participatory research on Inclusive WASH in humanitarian responses, bit.ly/penelitianpartisipatoris

2. Research design, data collection and analysis

a. Research aims

The overall aim of the research was to understand the extent to which WASH services in the 2018 Central Sulawesi humanitarian response was inclusive of older people and people with disabilities.

Specifically, the research sought to answer the following questions:

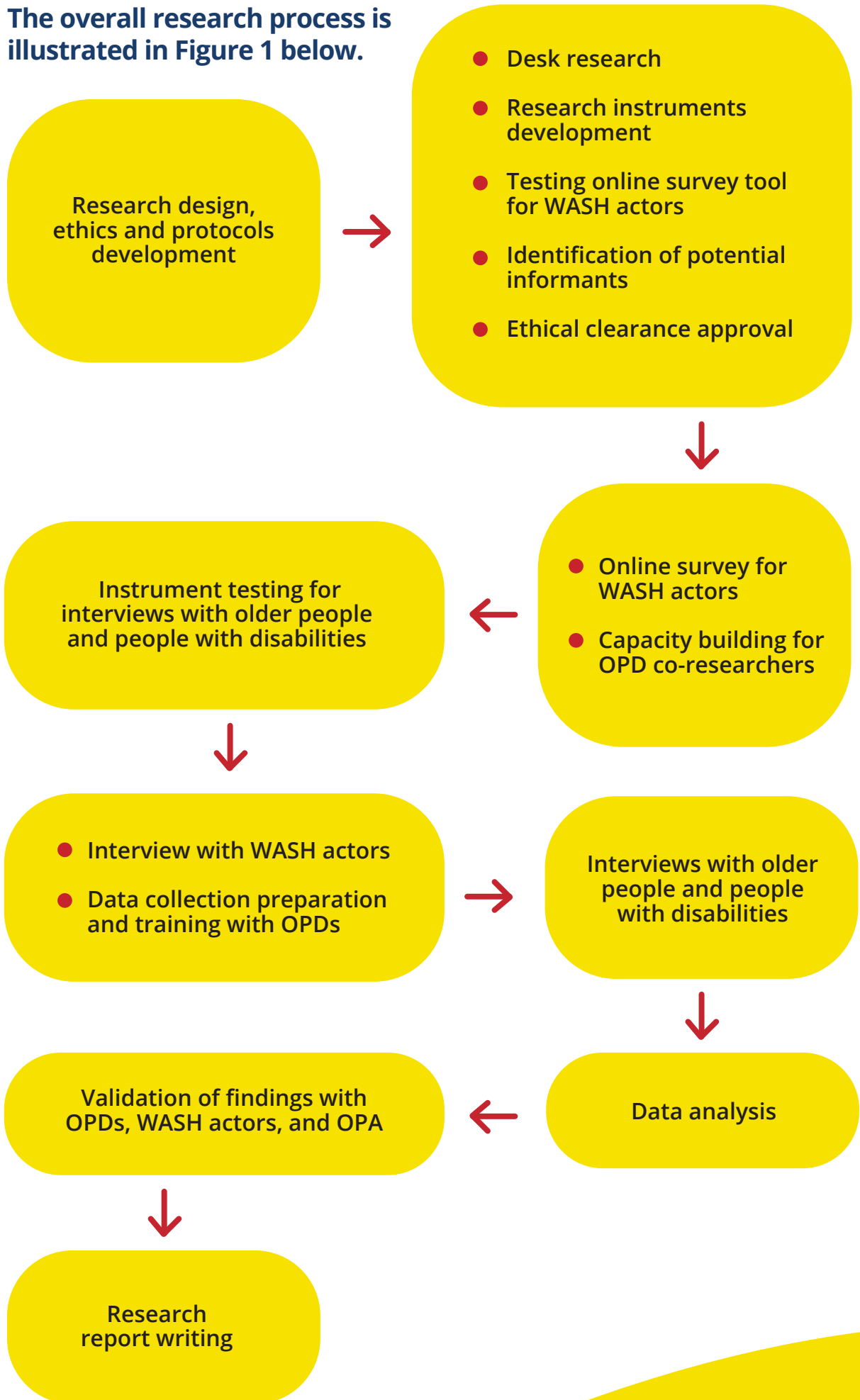
- 1 What are the experiences of older people and people with disabilities in accessing and participating in WASH services following the 2018 Central Sulawesi earthquake?
- 2 How did the implementation of WASH following the Central Sulawesi earthquake adhered to the Humanitarian Inclusion Standards (HIS)?
- 3 What were the barriers and enablers faced by WASH actors in providing inclusive WASH services in Central Sulawesi following the earthquake, tsunami and liquefaction in 2018?

b. Research process

The research used mixed methods and combined a quantitative online survey with qualitative semi-structured interviews. The online survey targeted WASH actors that were operational in the Central Sulawesi response. The online survey mapped WASH actors involved in the response and provided initial insights on the extent of disability and older age inclusion in WASH programming during the response. Semi-structured interviews were completed with a smaller sample of WASH actors and with older people and people with disabilities affected by the disaster. Members of older people's associations (OPAs) were not directly involved in data collection as it was hard to identify OPAs during the initial stages of the research. However, an additional focus group discussion was conducted with members of an OPA, Pelita Hati, to validate our initial research findings and cross-check information from interviews with local older people.



The overall research process is illustrated in Figure 1 below.



c. Research limitations



WASH components

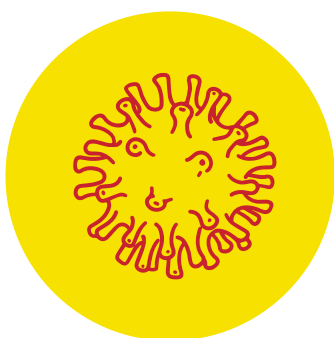
Sphere standards list six WASH components in humanitarian action: (1) hygiene promotion, (2) water supply, (3) excreta management, (4) vector control, (5) solid waste management, and (6) WASH in disease outbreaks and healthcare settings.³⁸

This research only covers the first three components of hygiene promotion, water supply, and excreta management. The majority of WASH responses in Central Sulawesi were focused on these first three components.



Stage of humanitarian action

This research focuses on the emergency response phase directly following the Central Sulawesi disaster. This research does not examine longer term recovery or development programming following the disaster. Issues of disaster prevention, mitigation and preparedness are also not addressed in this research.



COVID-19

The research was planned before the current COVID-19 pandemic resulting in the need to adapt the research and data collection. This included adhering to in-country restrictions, including on travel, and prioritising the safety of personnel, partners and participants.

Capacity building for OPD partners was conducted online during the early stage of the pandemic. It was not possible to conduct remote interviews with older people and people with disabilities due to limited ownership of electronic devices and poor connectivity in remote villages. Participants in face to face

interviews were informed of how they would be involved in the research and of risks of involvement, including regarding COVID-19, before collecting their consent to participate. Local government health guidelines were checked before interviews to make sure areas were not in the red or critical COVID-19 zone. We also checked that informants were not sick and had not been in contact with any person with COVID-19 before the interview.

All Interviews and project activities maintained physical distancing, use of masks and regular hand washing and sanitisation. OPDs partners, personnel, and participants were provided with masks and face shields. Hand sanitizers were provided in all research meetings and activities.



Language

Data collection tools for interviews with local older people and people with disabilities were provided in Bahasa Indonesia and the local language, Kaili. However, there are linguistic variants of Kaili and in some interviews further on-the-spot translation was provided by caregivers or family members. This may have led to some of the data collected from the interviews being prone to outside interpretation and possible bias.

d. Data collection

The desk research and online survey of WASH actors were completed by ASB. Interviews with older people and people with disabilities were conducted by members (8 female, 10 male) of the Working Group of Organisations of Persons with Disabilities following training by the Center for Health Policy and Management and ASB.

Table 2 below summarises all data collection stages from the research.

Tool	Data collected	Respondents	Notes and sampling
<p>Desk research</p> <p>(Findings summarised in background section above)</p>	<ul style="list-style-type: none"> • State of existing inclusive WASH • Principles of inclusion in WASH interventions • Conceptualisation of barriers faced by older people and people with disabilities in WASH humanitarian programming 	<p>N.A</p>	<p>Sources:</p> <p>Grey literature (reports, good practices documents, etc.)</p> <p>Books</p> <p>Journal articles (online)</p> <p>Guidelines and standards</p>
<p>Online survey for WASH actors</p> <p>(How has the implementation of WASH following the Central Sulawesi earthquake adhered to the Humanitarian Inclusion Standards (HIS)?)</p>	<p>Initial assessment on inclusive practices in humanitarian WASH programming. This included the extent to which inclusion is integrated and implemented throughout the WASH project cycle.</p>	<p>27 people from 26 WASH actors (6 female, 21 male) from different organisations including government agencies, local and international NGOs and INGOs who delivered WASH assistance in Central Sulawesi emergency response.</p> <p>Government agencies: 2 Local NGOs: 11 Localised INGOs: 11 Donors: 2</p>	<p>Tool:</p> <p>The survey used Google Form as the platform.</p> <p>Sampling:</p> <p>38 potential WASH organisations were identified based on information from UNOCHA's database and supplemented by ASB and CHPM contacts from working in the Central Sulawesi response.</p> <p>27 respondents (6 females and 21 males) from 26 organisations accepted the invitation to participate in, and completed, the survey.</p> <p>Type of data:</p> <p>Quantitative data from multiple response options (on a numbered scale) for WASH actors to self-rate the level of inclusion in their WASH project in Central Sulawesi.</p> <p>WASH actors participating in the survey were asked to rate based on their own perceptions whether their practices are fully inclusive, somewhat inclusive or not inclusive in 4 stages of the project cycle:</p> <p>(1) Pre-project (needs assessment)</p>

			<p>(2) Planning (3) Implementation (4) Monitoring and evaluation With scale options including: (1) Yes, practicing (to indicate they have practiced inclusion) (2) Not fully practicing (to indicate they have somewhat practice inclusion to some extent) (3) Not practicing at all (to indicate they have not practiced inclusion)</p>
<p>Semi-structured interviews with WASH actors</p> <p>(How has the implementation of WASH following the Central Sulawesi earthquake adhered to the Humanitarian Inclusion Standards (HIS)?</p> <p>What are the barriers and enablers faced by WASH actors in providing inclusive WASH services in Central Sulawesi following the earthquake, tsunami and liquefaction in 2018?)</p>	<p>In-depth information on inclusive principles and practices in WASH humanitarian programming. Barriers to inclusive WASH programming Opportunities for / enablers of inclusive WASH programming</p>	<p>9 people (2 female, 7 male) representing 9 different WASH actors (including government agency, local and localised international NGOs).³⁹</p>	<p>Tool: Interviews were conducted online via video call. However, one interview was conducted in person in Sulawesi.</p> <p>Sampling: The informants were chosen based on purposive sampling based on the following criteria.</p> <p>Inclusion criteria: Interviewees participated in online survey. Interviewees were chosen based on their responses in online survey which represent 3 different levels of inclusion throughout the project cycle: (1) Yes, have considered inclusion in almost all the project cycle. (2) Have considered inclusion but not fully implementing inclusion, (3) Not inclusive at all Consented to participate in this research.</p> <p>Type of data: Interview transcripts and interview notes.</p>

³⁹ Localised international NGOs are international NGOs that have registered as Indonesian entities. Localised international NGOs are subject to different reporting requirements and regulations than those registered as International NGOs.

Semi-structured interviews with older people and people with disabilities

(What are the experiences of older people and people with disabilities in accessing and participating in WASH services following the 2018 Central Sulawesi earthquake, including identifying barriers and enablers to inclusion?)

In-depth information on experiences in accessing and participating in emergency WASH following the 2018 disaster.
Barriers in accessing WASH, including the underlying factors/causes.
Enablers of inclusion and participation in WASH.

29 people with disabilities (14 female, 15 male) with diverse types of disabilities.

30 older people (18 female, 12 male) of which 13 had functioning difficulties based on responses to the Washington Group short set of questions.

Tool:

Interviews were conducted in person.

Location:

The informants are from 9 villages in 3 sub-districts in Central Sulawesi affected by the disaster: Pewunu, Kaleke, Luku, Ramba, Baluase, Walatana, Toaya, Ape Maliko, and Toaya Vunta.

Sampling:

The informants were chosen based on purposive sampling based on the following criteria. Informants were identified by snowball sampling starting with information from village officials.

Inclusion criteria:

People with disabilities:

Experienced the 2018 disaster and were not displaced to an area outside of Central Sulawesi during the emergency.

Under 60 years old.

Meet the Washington Group Short Set on Functioning (WG-SS) criteria of disability, as used in national censuses⁴⁰, with at least one response containing "Yes, a lot of difficulty" and/or "Cannot do at all".
Consented to participate in this research.

Older people:

- Experienced the 2018 disaster and were not displaced to area outside of Central Sulawesi during the emergency.
- Over 60 years old.⁴¹
- Consented to participate in this research.

			<p>Type of data: Interview transcripts and interview notes.</p>
<p>Focus group discussion (FGD) (Supplementary to above interviews with older people)</p>	<p>Collect more information from the perspective of older people. Clarifying some gaps from the previous collected data.</p>	<p>10 older people who are members of a local OPA in Sigi.</p>	<p>Tool: The FGD was conducted online.</p> <p>Type of data: FGD transcripts and interview notes.</p>

e. Research participants

All potential respondents were provided with information about the research and their possible involvement in advance and before seeking their consent to participate. Only respondents that provided informed consent to participate were included in the research.

The Washington Group short set of questions were used to identify people with disabilities. The Washington Group questions identify difficulties individuals may have functioning. As such, they tend to identify more people who are older. However, not all these people may consider themselves to be a person with disability. That is, functioning limitations, such as increased difficulty seeing and walking, are seen as a part of ageing.

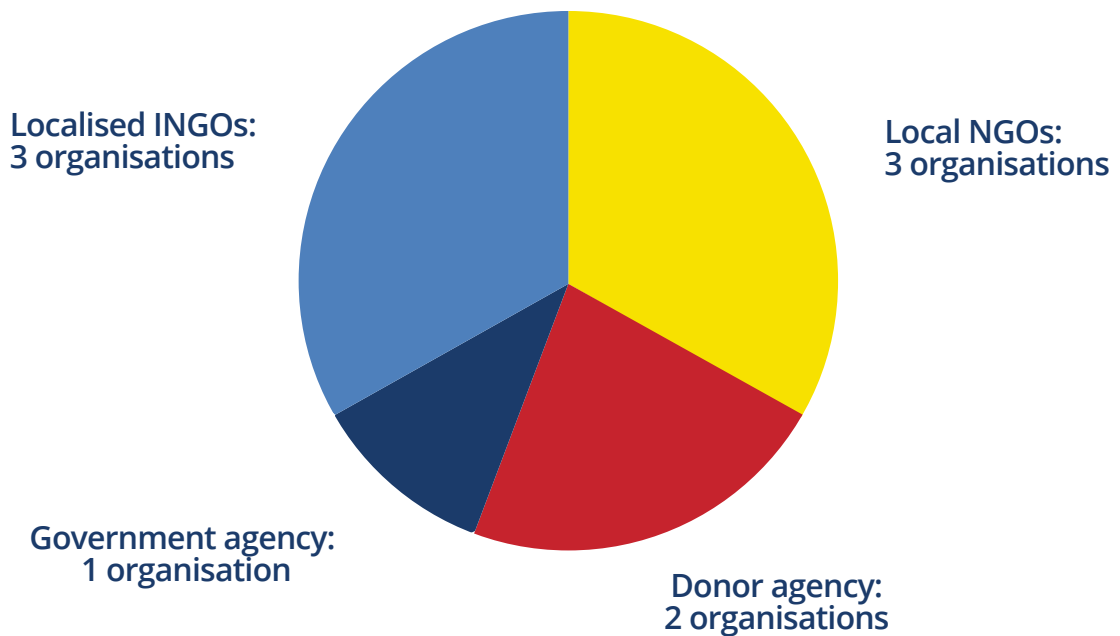
To make a clearer distinction between people with disabilities and older people, only people with disabilities up to 60 years of age were included in the people with disabilities group. For the older people participant group, all participants were asked the Washington Group questions. Those that answered “a lot of difficulty” or “cannot do at all” to at least one questions were considered older people with disabilities in this research.

⁴⁰Washington Group on Disability Statistics (2020). The Washington Group Short Set on Functioning (WG-SS), 19 March 2020, retrieved from www.washingtongroup-disability.com

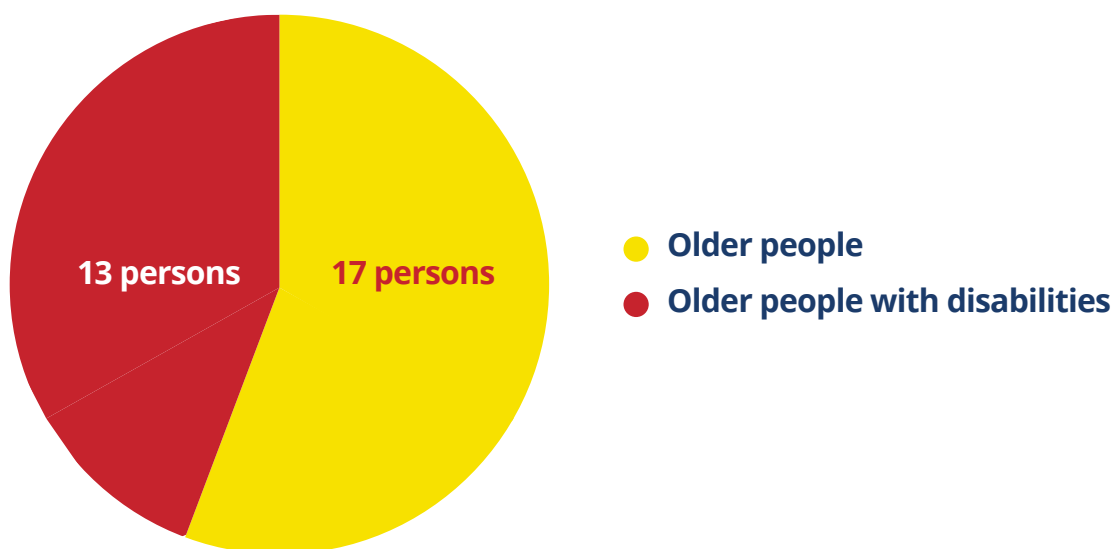
⁴¹World Health Organization (2001). Men Ageing and Health: Achieving health across the life span, retrieved from https://apps.who.int/iris/bitstream/handle/10665/66941/WHO_NMH_NPH_01.2.pdf

In the following, we refer to participants in the online survey as respondents and participants in interviews and the FGD as informants. Further information on informants is presented in the following graphs.

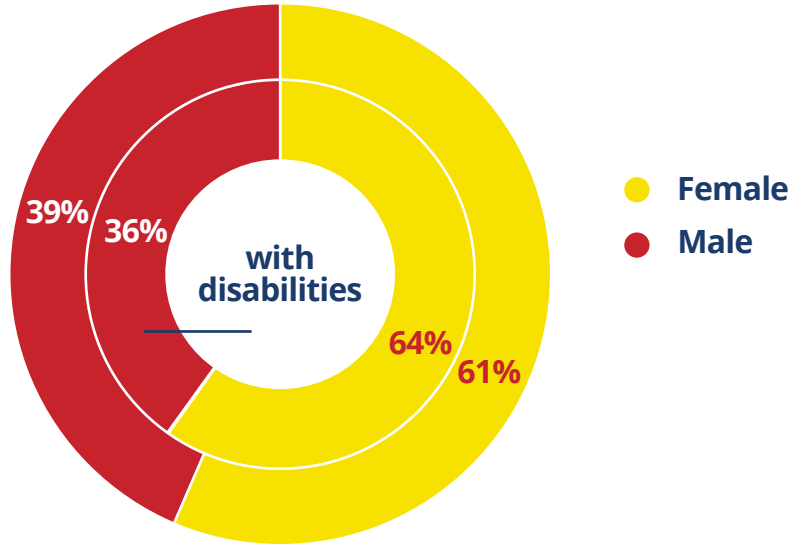
WASH actor interview informants based on type of organisation



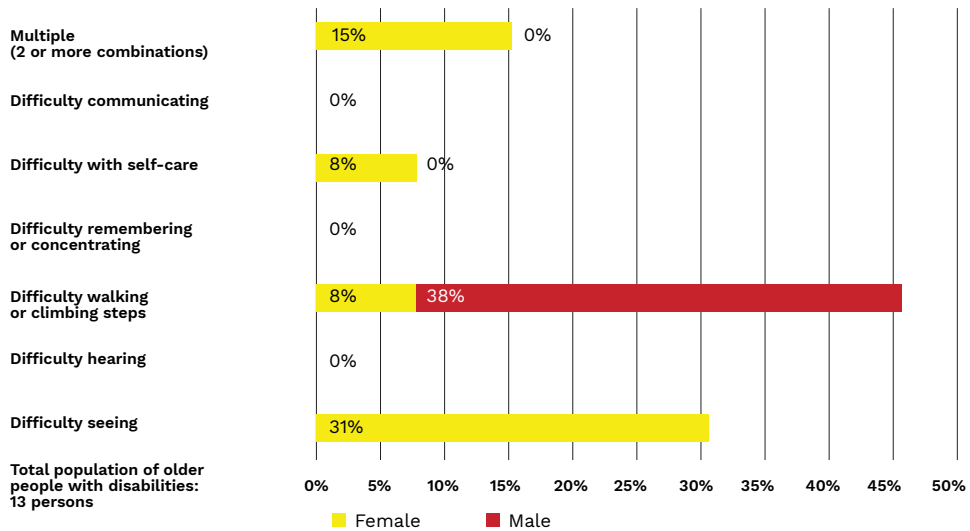
Older people and older people with disabilities interview informants



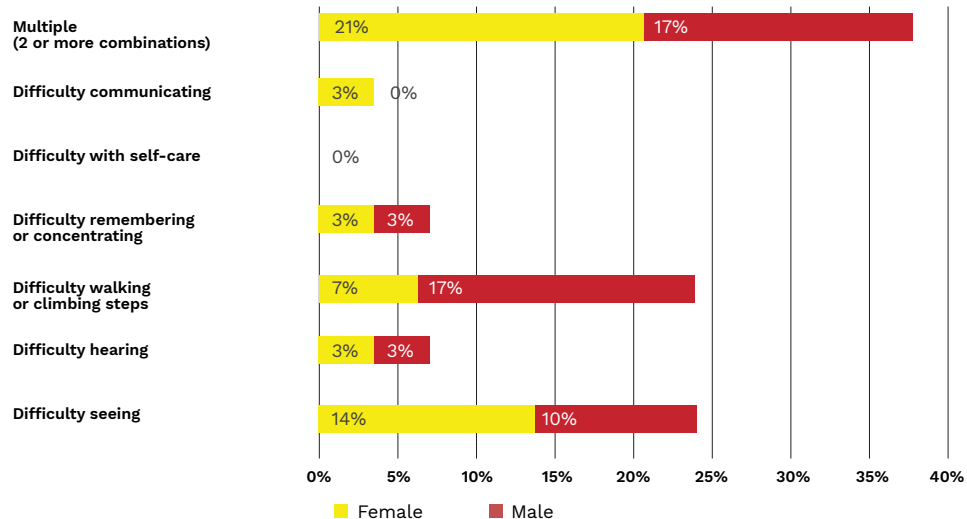
Older informants without disabilities and older informants with disabilities by gender



Older informants based on functioning difficulty (WG-SS)



Informants with disabilities based on functioning difficulty (WG-SS)



f. Analysis

Data collected from interviews and the focus group discussion (FGD) was analysed by ASB using the NVivo qualitative data analysis software. Using thematic analysis, we generated themes for coding. The coding process was completed by two researchers to agree on codes by discussion. After the codes were agreed, each person was randomly allocated interview transcripts for coding.

Following coding of transcripts, the results were discussed again by the two researchers to clarify and resolve any concerns of interpretation of the data. Coding was guided by the research questions and how the identified themes related to the analytical framework described in the next section.

Analytical framework

To assist our analysis we used the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) as a basis for our analytical framework. The HIS are based on the Core Humanitarian Standards and provide guidance on how to deliver inclusive humanitarian programming by placing older people and people with disabilities at the centre of interventions.⁴²

The HIS consist of nine key inclusion standards with three inclusion standards specific to the WASH sector.⁴³ The WASH inclusion standards are closely related to

⁴² CHS Alliance, Group URD and the Sphere Project (2014). Core Humanitarian Standard on Quality and Accountability, retrieved from <https://corehumanitarianstandard.org/files/files/CHS%20in%20English%20-%20book%20for%20printing.pdf>

⁴³ ADCAP (2018). Humanitarian inclusion standards for older people and people with disabilities, retrieved from <https://spherestandards.org/resources/humanitarian-inclusion-standards-for-older-people-and-people-with-disabilities/>.

the nine overarching standards and the nine HIS are used as the basis for guiding our analysis. The nine HIS and related key actions are presented in the following table:

Table 2. The Humanitarian Inclusion Standards and related WASH inclusion standards

Key inclusion standards	Key actions	Related inclusion standards in WASH
<p>Key inclusion standard 1: IDENTIFICATION</p> <p>Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.</p>	<ul style="list-style-type: none"> • Collect, analyse and report information relating to older people and people with disabilities in all humanitarian information management systems. • Engage directly with older people and people with disabilities to identify and monitor their capacities and needs, and their access to humanitarian assistance. 	<p>WASH inclusion standard 1: COLLECTION OF INFORMATION</p>
<p>Key inclusion standard 2: SAFE AND EQUITABLE ACCESS</p> <p>Older people and people with disabilities have safe and equitable access to humanitarian assistance.</p>	<ul style="list-style-type: none"> • Address barriers that affect participation and access to services. • Strengthen factors that enable older people and people with disabilities to participate and have access to services. 	<p>WASH inclusion standard 2: ADDRESSING BARRIERS</p>
<p>Key inclusion standard 3: RESILIENCE</p> <p>Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.</p>	<ul style="list-style-type: none"> • Strengthen the capacity and leadership of older people and people with disabilities, and their representative organisations, to contribute to inclusive preparedness, response and recovery. • Identify, assess and mitigate risks faced by older people and people with disabilities in emergency contexts. • Prioritise safety and dignity of older people and people with disabilities during all phases of humanitarian action, and avoid causing harm. 	<p>WASH inclusion standard 3: PARTICIPATION AND RESILIENCE</p>

<p>Key inclusion standard 4: KNOWLEDGE AND PARTICIPATION</p> <p>Older people and people with disabilities know their rights and entitlements, and participate in decisions that affect their lives.</p>	<ul style="list-style-type: none"> ● Provide accessible information about rights and entitlements. ● Promote the meaningful participation of older people and people with disabilities in decision-making. 	<p>WASH inclusion standard 3: PARTICIPATION AND RESILIENCE</p>
<p>Key inclusion standard 5: FEEDBACK AND COMPLAINTS</p> <p>Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.</p>	<ul style="list-style-type: none"> ● Design feedback and complaints mechanisms that can be understood and accessed by older people and people with disabilities. ● Act on feedback and complaints from older people and people with disabilities in a way that respects their safety, dignity and rights. 	<p>WASH inclusion standard 3: PARTICIPATION AND RESILIENCE</p>
<p>Key inclusion standard 6: COORDINATION</p> <p>Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.</p>	<ul style="list-style-type: none"> ● Make sure that inter-agency coordination mechanisms are representative of older people and people with disabilities, and are accessible to them. ● Routinely address the inclusion of older people and people with disabilities in inter-agency coordination mechanisms. 	<p>WASH inclusion standard 3: PARTICIPATION AND RESILIENCE</p>
<p>Key inclusion standard 7: LEARNING</p> <p>Organisations collect and apply learning to deliver more inclusive assistance.</p>	<ul style="list-style-type: none"> ● Identify and document learning, challenges and opportunities for including older people and people with disabilities in humanitarian action. ● Use the learning to improve the way you provide inclusive humanitarian assistance. ● Share learning, good practice and innovation, both within your organisation and with other organisations, such as project partners, national organisations and authorities. 	<p>WASH inclusion standard 2: ADDRESSING BARRIERS</p>

<p>Key inclusion standard 8: HUMAN RESOURCES</p> <p>Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.</p>	<ul style="list-style-type: none"> ● Build the capacity of staff and volunteers by raising awareness of the rights of older people and people with disabilities and training them to include older people and people with disabilities in humanitarian action. ● Implement inclusive human resources policies. 	<p>WASH inclusion standard 2: ADDRESSING BARRIERS</p>
<p>Key inclusion standard 9: RESOURCES MANAGEMENT</p> <p>Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.</p>	<ul style="list-style-type: none"> ● Manage resources in a way that allows older people and people with disabilities to have access to services and participate in humanitarian action. ● Share information on your use of resources with older people and people with disabilities and provide opportunities for their feedback. 	<p>WASH inclusion standard 2: ADDRESSING BARRIERS</p>

3. Research findings

In this chapter we present key findings from semi-structured interviews. Firstly, we present findings from interviews with older people and people with disabilities, including the FGD with older people. Secondly, we present findings from interviews with WASH actors.

The nine HIS were used to assist our analysis and findings are organised and presented according to the HIS. Firstly, for older people and people with disabilities and secondly for WASH actors.

The HIS are targeted at humanitarian actors. As such, not all HIS were relevant to organising and presenting findings from older people and people with disabilities. Findings from WASH actors fitted across all HIS except HIS 3 on Resilience. Where findings overlapped with two HIS they are combined. This is the case for HIS 6 on Coordination and HIS 7 on Learning and for HIS 8 on Human Resources and HIS 9 Resource Management.

a. Findings from older people and people with disabilities

HIS 1. Identification

In interviews, no older people and people with disabilities reported they had been visited or contacted by humanitarian agencies, including either government or non-government agencies for identification purposes. Similarly, no participation in any assessment or survey of needs post disaster was reported, including any collection of data on access and barriers.

Older people and people with disabilities were unsure whether community leaders, including village heads, have information about them that could have been shared with humanitarian agencies during a response.

Village officials in the research locations were asked if they have data on people with disabilities or older people. Village officials in all locations stated they do not have any official documentation or official data disaggregated by disability or for older people by age



at the village and sub-district levels. However, officials in all villages said they could identify people with disabilities and older people in their village based on their personal knowledge. We found the information provided by village officials adequate for us to identify initial informants for snowball sampling. Further older people and people with disabilities were identified during the research process than were identified by village officials.

HIS 2. Access

Older people and people with disabilities reported hygiene kits and drinking water distribution, followed by installation of clean water points and construction of toilet facilities, as the WASH services provided following the disaster.

Hygiene kits, including items such as soap, toothbrushes, toothpaste and shampoo, were reported as being distributed from centralised points in communities, such as from the village heads office. Clean drinking water was also distributed from centralised points in affected locations.

Some older people and people with disabilities reported being able to access hygiene kits and drinking water from centralised distribution points. The ability to access items was often dependent on having a family member to assist. Others reported that they did not receive any items. No specific assistance was reported as being provided to enable older people and people with disabilities to access either the distribution points, the items, or to transport items from the distribution point to their homes.

Informants noted that there were no separate queues for older people and people with disabilities. The idea of priority queues for older people and people with disabilities was proposed by some informants as a solution to improving accessibility in distributions. No informants reported having items distributed directly to them at their home or shelter. One female older informant noted “only the fast get aid” in reference to hygiene kit distribution. Two others noted getting aid involved “snatching” the items or “struggling” with others (*baku rampas*).

“[. . .] because he could not walk at all [he was] he had no interest in scrambling for [the hygiene kit]- let alone in his poor condition.”

-Caregiver of a male older person with disability in Toaya Vunta village.

Informants reported similar experiences accessing clean water points and toilets. No accessibility features, such as ramps or handrails, were reported as being provided at clean water points or toilets. All the toilets provided were reported as being squatting toilets. Most older people and people with disabilities reported that public WASH facilities were located too far away from their homes. Informants noted that the toilets were built as temporary toilets and the construction (corrugated iron) was not strong. One older man with disability noted he could not lean on the walls to support himself; however, he noted using the latrines was better than relieving himself outside. It was also noted by an older woman and a woman with disability that temporary toilets were poorly lit. Frequent power cuts that affected pumps were also noted as making it difficult to collect water.

When asked whether the WASH services provided met their needs, informants mostly referred to hygiene kits. Older informants and informants with disabilities noted the hygiene kits did not include a sufficient quantity of items and soap, shampoo and other items had to be used sparingly so they would last longer; however, it seems unlikely that this was different for the wider affected population.

"Well what could we do about it, [the assistance was] scant but we had to get by [it did not matter] whether it is less or more since it was just assistance."

Male person with disability in Toaya village.

"[the water supply] was not enough, [we were told] not to use it for washing clothes because it was not enough. [...] I had to go to the river or well [to get water]"

Female person with disability in Baluase village.

With regards to toilets and installed water sources, and in addition to being located away from informants' homes, it was noted that the number of toilets and water sources provided were very limited. As a result, there were long lines of people wanting to access these facilities. Older people and people with disabilities reported needing to ask family members to fetch water from the river or take them to the river for washing and bathing.

Informants did not highlight the physical inaccessibility of the WASH facilities provided during the response as a major issue. It was noted that WASH facilities are normally inaccessible in a non-disaster situation. Following the disaster, informants did not expect the temporary toilets that were being provided to be

any different in terms of inaccessibility than toilet facilities before the disaster. An opportunity to challenge barriers and norms and to build back better was missed.

Just as before the disaster, most informants remained reliant on family members to assist them in accessing water and using toilets, including at home and public facilities. However, not all informants had access to toilets prior to the disaster and were reliant on others to assist them in accessing the river or toileting outside. One older man with disabilities noted that often he would not shower for three days as he did not want to be a burden to his grandchildren.

We also found older people and people with disabilities are not familiar with accessibility features. When interviewers showed examples of pictures of accessible toilets, such as sitting toilets with handrails, the majority of informants noted they had never seen or used such facilities. It is difficult to demand something that has never been experienced or if its existence is not known.

HIS 4. Knowledge and participation

The majority of older people and people with disabilities reported that they were not consulted on the design of WASH services. For example, on specific hygiene needs to be taken into account in hygiene kit distribution or on the design and location of WASH facilities. There was one exception. One older man with disabilities reported that he was being consulted in determining the location of a public water point. This informant was considered an elder (tetua) with social standing in his community.

One older man with disabilities reported being involved in monitoring the distribution of hygiene kits to 34 families in his community, and another older man was in charge of monitoring the establishment of latrines. Four older men (without disabilities) reported they took part in the construction and maintenance of latrines and a water storage tank in their villages. This included as unpaid volunteers and as part of a cash for work scheme led by a humanitarian agency. No informants reported participating in WASH committees in their community or WASH coordination mechanisms.

Five informants with disabilities (5 female) and five older persons (4 females, 1 male) reported participating in hygiene promotion activities where they were invited to attend educational activities in the village hall or other communal space.

reported being invited to attend as an older person or person with disability and no accessibility measures were reported.

One older woman reported sending her daughter to meetings as she could not sit in meetings for a long period. Several informants noted they would prefer to be visited than to be invited to attend meetings that were hard for them to reach. Despite their experience of participating in community meetings and events in the past, no older informants reported being asked to participate as peer educator or facilitators in hygiene promotion activities.

“When my body was still strong, I joined many activities especially the Family Welfare Programme / Women’s Group (Pemberdayaan Kesejahteraan Keluarga) activities [...]. But [during the response] there was no invitation to join any specific WASH activity.”

Older woman with disabilities in Pewunu village.

HIS 5 Feedback and complaints

Older people and people with disabilities reported that they had not participated in monitoring and evaluation of WASH humanitarian programming, including in feedback mechanisms. No informants reported that they had been consulted about their preferences on mechanisms to provide feedback or about the accessibility of any feedback and complaint mechanism.



Overall, older people and people with disabilities noted they did not know whether their feedback was expected or who they may be able to provide feedback to. There was also a general lack of awareness from informants that they had a right to provide feedback. However, one older man did know who to contact in case of a malfunction of the water supply system for their temporary shelter location. This individual said that he had not directly participated in any WASH activity; however, he knew a maintenance officer had been assigned by the village head and that he had complained to this officer when he had a fault with his water supply.

b. Findings from WASH actors

HIS 1. Identification

70% of WASH actors who responded to the online survey said they collected data on disability and/or older age. However, in interviews only two organisations reporting they collected disability and older age data. Both organisations were disability focused organisations. The donors interviewed noted that it was up to grantees to collect disability data or not. One considered that there was no need to collect disability data as they followed universal design principles.

Only two (specialised) organisations provided information on how disaggregated data was utilised in different stages of their programme. One organisation reported the data they collected on disability to the Cluster on Disability and Vulnerable Groups and to the Department of Social Affairs. Also, to guide the establishment of a disability self-help group in villages. The other organisation said they used the data but did not provide clear examples of use.

In interviews, two organisations (one disability focused organisation, one child focused) reported collecting information on barriers to accessing the WASH facilities (both toilets) they constructed. Both organisations collected data relating to the physical accessibility of infrastructure. No organisations reported collecting information on other types of barriers, such as informational, attitudinal or institutional barriers. One informant noted that collecting specific data on age and disability is not “a must” in an emergency situation. This was justified by the idea that older people and people with disabilities would be covered and served by ensuring ‘universal design’ in toilet and water supply provision. This conviction is problematic considering that inclusion is not merely about ensuring physical accessibility.

The majority of online survey respondents (70%) reported they did not identify OPAs or OPDs during their post-disaster assessments. We did not identify any respondents that collected information on the training or capacity development needs of older people and peoples with disabilities that may enable them to engage with, and contribute to, the WASH response.

HIS 2. Access

The majority of interview informants reported that WASH services were provided for the general population without adjustments to ensure safe and equitable access by older people and people with disabilities. The two organisations (one disability focused organisation, one child focused) that reported identifying barriers to access also reported improving accessibility. Both focused on improving physical accessibility only and only one focused on improving access for people with disabilities. The other adapted toilets for use by children but, for example, would not have allowed wheelchair access. It was assumed that children with disabilities would be assisted by their parents.

Actually we considered some aspects to ensure that [the toilet] is child friendly, especially the height of the toilet from the floor, [the size of] the toilet seats, we also provided handrails inside the toilet. So it is truly inclusive... in the hope that everyone can use the toilets that we built. But we haven't ensured [that the toilets are] fully inclusive. Those who use wheelchairs will have a little problem using it. But we assumed that those who use wheelchair, and children who use wheelchair, will be assisted by their parents, so they won't need access to get inside [with their wheelchair]. We forgot about adults [who use wheelchair] because we focus on children.

Male WASH actor from a localised INGO.

There was a focus on “tangible” items or the “hardware” components of WASH in the examples provided by WASH actors when talking about inclusive WASH. Examples given were about toilets or water points and physical accessibility considerations. Only one of the WASH actors interviewed talked directly about other principles of inclusion alongside physical accessibility, such as meaningful participation and empowerment of older people and people with disabilities.

In terms of access to assistance, the types of WASH interventions that were reported as being provided were limited. For example, only three organisations reported working on menstrual hygiene management (MHM). All three focused on the distribution of menstrual pads or dignity kits. Distributions were not targeted. Instead, menstrual pads were distributed as part of the household hygiene kits distributed. One organisation focusing on children's welfare provided MHM interventions via schools. This raises the concern that the activities did not reach girls with disabilities who are often out of school and/or hidden by their families. No organisation reported addressing taboos that may influence the disposal of menstrual hygiene items, especially in communal settings.

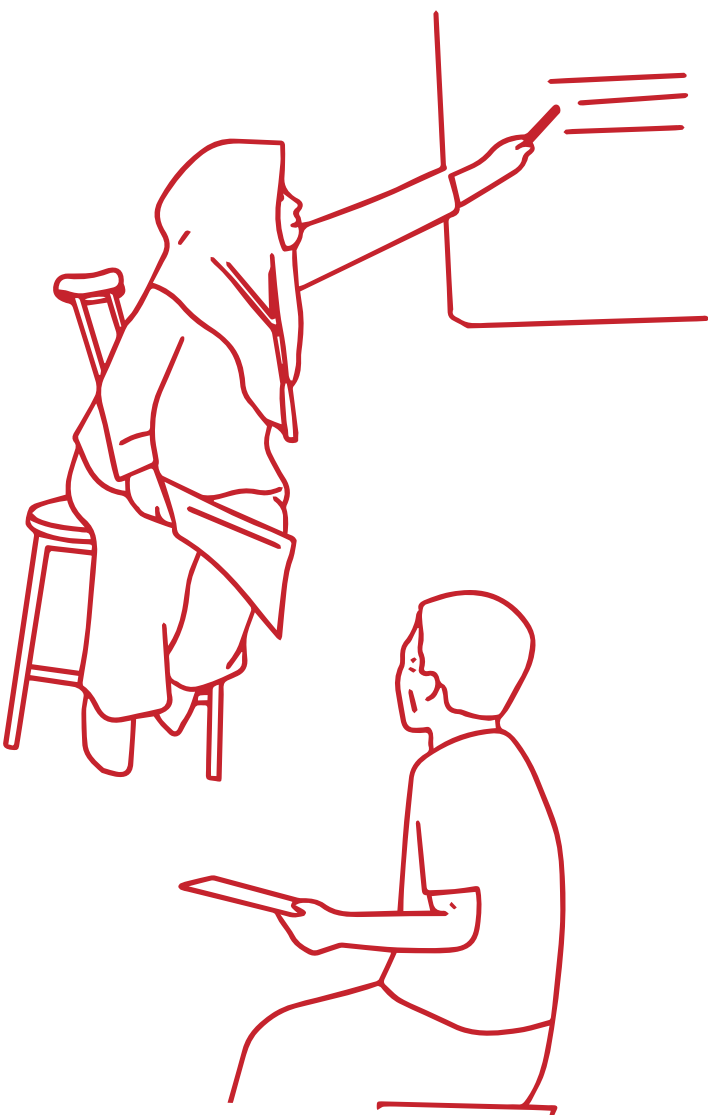
One organisation reported working on incontinence management. Again, the focus was on tangible items, such as adult diapers, bed pans and urinal bottles. The organisation works with health professionals who conduct an assessment and then prescribe the relevant supplies needed by people with incontinence. The 'non-hardware' aspects such as addressing the social issues related to incontinence, including stigma, isolation, stress or shame were not a focus of the programme.

No WASH actors reported providing sign language interpretation in meetings or consultations. Also, no other accessibility measures were reported to facilitate participation in meetings and consultations or in providing feedback.

HIS 4 Knowledge and participation

Six online survey respondents reported including older people and people with disabilities in the WASH Committees they established in communities following the earthquake. Ensuring meaningful participation in such activities may require capacity building and awareness raising with older people and people with disabilities on their rights and entitlements. No such activities to enable effective participation in committees were reported by WASH actors.

Three online survey respondents did however report conducting capacity building activities for older people and people with disabilities. However, in interviews this was confirmed as being only two organisations. One disability focused organisation conducted trainings on how people with disabilities can speak up in meetings, including with officials. The other (disability and older age focused) reported including people with disabilities in their general toilet maintenance trainings. There was also a concern that including older people and people with disabilities could add to their "burden" when they were already experiencing difficulties during the response. As one informant noted:



“The challenge was they [older people and people with disabilities] were in temporary shelter and so it would burden those groups [if they worked as our partner]- that was my consideration.”

Male WASH actor from a localised INGO

Aside from the training on speaking up in meetings delivered by a specialised organisation, no specific targeting of older people or people with disabilities in capacity building activities was reported by WASH actors. Although WASH actors reported activities to encourage community participation, no measures to promote the direct participation of older people and people with disabilities in WASH coordination mechanisms were identified. Relatedly, no capacity building activities to introduce older people and people with disabilities to WASH-related coordination and decision making mechanisms, such as the WASH cluster, were reported.

HIS 5. Feedback and complaints

Collecting, documenting, and acting on feedback from older people and people with disabilities is an essential part of providing more inclusive assistance. Only three WASH organisations participating in interviews reported providing feedback mechanisms. Examples included using suggestion boxes, WhatsApp messaging, and a ‘hotline’. Mechanisms were reported as being promoted by, for example, using flyers and posters. The types of feedback requested included reporting on technical issues, fraud, violence against children and complaints. Feedback received was categorised based on the types of categories used by each WASH actor.

62% of online survey respondents indicated their feedback mechanism may not be appropriate for older people and people with disabilities. No consultations to seek input from older people and people with disabilities on ways to provide feedback in a safe, appropriate, or accessible way were reported.

No organisations reported having feedback mechanisms specifically targeting older people or people with disabilities. Where feedback was collected from public meetings, responses were not disaggregated. One interview informant noted that while they received no feedback on inclusion, they received very little feedback overall.

One WASH actor noted there are often assumptions that older people and people with disabilities do not have the capacity to contribute in a rapid response situation. Also, that culturally people may not feel they are able to provide, or contribute useful, feedback.

“In Palu [Central Sulawesi response], the participation of vulnerable groups is low due to demand to distribute [assistance] immediately. Not everyone can be involved in implementation because of the compatibility of their capacity. Especially in monitoring and evaluation [...], not everyone understands, or sometimes they are afraid [to evaluate] even though we asked them to, since it is important for us to gain feedback. [...].

This is common, though. It has become our culture, perhaps [they think] that it is inappropriate to complain because they had been helped. Sometimes we only got appreciation, a ‘thank you’ from the monitoring and evaluation whereas we certainly needed their input and complaint... so we could improve in the future. That [issue] also becomes a challenge.”

Female WASH actor from a local NGO.

On the one hand, this informant noted community members, including older people and people with disabilities, may feel uneasy providing feedback because they have received assistance. On the other hand, and as noted previously, older people and people with disabilities assumed that their feedback was not expected.

HIS 6 and 7. Coordination and learning

70% of WASH actors responding to the online survey said they did not conduct needs assessments together with OPDs and OPAs. Only two organisations that were interviewed (disability focused, older age and disability focused) confirmed they conducted assessments with OPDs. However, no interview informants reported conducting assessments with OPAs.

One interview informant (female, specialised organisation) reported working with OPDs and OPAs to identify older people and people with disabilities. In contrast, the majority (85%) of survey respondents reported they did not partner with OPDs and OPAs in the delivery and implementation of WASH interventions. While 32% of survey respondents reported designing their WASH interventions in consultation with older people and people with disabilities this was not supported by interviews.

92% of online survey respondents reported they did not conduct monitoring and evaluation in partnership with people with disabilities and older people. Half of the online respondents reported having systems in place to monitor the

accessibility of the WASH facilities they provided; however, only two organisations reported addressing accessibility in interviews (see HIS 2 above). 55% of respondents that reported monitoring accessibility said they did not make any changes if they identified any difficulties older people and people with disabilities faced accessing the facilities. When followed up in interviews no specific examples of what these difficulties may be were provided.

Very little documentation of learning on inclusion by WASH actors was identified. Three informants reported documenting learning on inclusion and of these one reported documenting learning on disability inclusion only. One informant noted the inclusion of older people and people with disabilities was only considered if it was required by the donor.

“When it comes to [programme] proposal, we usually refer back to the template provided by donors. As an example, if the donors prepare a specific section to talk about inclusion then we would elaborate a bit on it but if they don’t, usually we would skip it. We also do not specifically talk about it [inclusion].”

Male WASH actor from a localised INGO.

As a result, inclusion is often approached as an ‘add-on’ or afterthought. An informant from an organisation specialised in disability inclusion that was hired short-term to address inclusion in later stages of the WASH programming of a network of humanitarian organisations noted:

“[...] engagement with people with disabilities is more efficient and effective at the second phase of the programme [stabilisation and pre-recovery]. [...] We incorporate learnings and what’s missing from the first phase [immediate response], to the programme’s grand design at the second phase. [...]. At the first phase there is still no organised structure [of inclusion]. But at the second phase, everything about disability inclusion and gender equality is incorporated in the protection aspect [...] which contains GEDSI (Gender Equality, Disability, and Social Inclusion).

From there, we promote WASH that must have a GEDSI approach. [...] due to limited time, we did not have a chance to make it [inclusion] solid. We only had 6 months [for the second phase] while we also needed to manage other existing programmes at our network.”

Male WASH actor from a local NGO.

HIS 8 and 9. Human resources and resource management

Half of the survey respondents (13 organisations) reported some form of budget allocation to improve the inclusion of older people and/or people with disabilities in their WASH programming. However, only two could be confirmed from interviews. There is a perception that addressing inclusion is the responsibility of organisations that are specialised in inclusion and that these organisations may be better resourced to do so.

“That’s where the challenge is. Those of us who work in the field have to be able to decide [our priority] based on our budget. By networking [with specialised organisations], in the end the constructed facilities can be, can accommodate all [community] groups. My point is, we are not working alone. With the power of networking, we can provide better facilities for the community.”

Male WASH actor from a localised INGO.

49% of online survey respondents reported they delivered inclusion training to project stakeholders that included partners, architects and builders. In interviews, one disability focused organisation provided inclusion training to all staff and another to all new staff. Another organisation reported encouraging staff to attend online trainings or trainings from disability focused organisations. One organisation noted they provided training on disability inclusion to long-term staff but this was not extended to short-term response staff.

“Just recently we received a training, just about 2 weeks ago, about no one [left] behind. No one [left] behind is [a training that] emphasised planning inclusive WASH [...]. More or less [we were trained] to be more sensitive, show empathy towards [people with disability] and consider some aspects such as [their] safety, ease of use and independence of using WASH facilities”

Male WASH actor from a localised INGO.

The training reported above was provided a long time after the early response phase had ended (interview was conducted in mid-2020, while the disaster occurred in September 2018). The informant confirmed that that was the first time that such training was provided by their organisation. Prior to that training, it was up to the staff to take the initiative to learn about inclusion:

“So before [the inclusive WASH training], each of us learned independently, getting knowledge from outside resources.”

Ibid

Most interview informant had some awareness of disability and older age inclusion guidance, such as the HIS and Inter-Agency Standing Committee Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019).⁴⁴ However, informants felt they did not have a deep enough knowledge of standards to enable them to implement the standards or guidance.

“[...] when it comes to the details of it [Humanitarian Inclusion Standards], I don't understand well. But I do understand the soft and hard components of [WASH] service sector's standards [such as construction standards].”

Male WASH actor from a localised INGO.

I once heard about it [Humanitarian Inclusion Standards], but have not understood it deeply yet...”

Male WASH actor from the government.

Several interview informants considered their organisation to have limited resources and knowledge on disability and older age inclusion as they did not have an ‘inclusion specialist’ in their organisation. In contrast, no informant noted they may be able to access expertise and build their internal capacity by partnering with OPDs and OPAs.

“[...] we already have the policy [about inclusion], but there is still no specialist that has specific expertise for inclusion [...]. Hence, it [inclusion] relies on our colleagues in programme [management] and relies on their experiences and knowledge. [...]. Perhaps the barrier is we do not have any specialist or special advisor to ensure that all of our programmes are inclusive. That is the internal challenge.”

Male WASH actor from a localised INGO.

"[O]lder people-related activities are not covered in our routine programming because there is another special unit to take care of them. [...]. inclusion is not our priority] because our duties and essential functions are not on that issue."

Male WASH actor from the government.

Limited time and resources to ensure inclusion in humanitarian response was also noted as a challenge. It was noted that if organisations were working on longer-term development projects there would probably be time to address the inclusion of older people and people with disabilities. In short term humanitarian work the emphasis was on 'life-saving' and there was no time to ensure inclusion.

"[In our organisation] there is a "regular" division and emergency response division. In the regular period, our emphasis is in the soft component of WASH [...]. So, we aim for behaviour change. [...] In emergency response, we cover many things. We construct clean toilets [...] and we do hygiene promotion [...] through training.

The challenge is, many people do not think that people with disabilities have equal rights. [...]. And this is a challenge, especially during emergency period. If it is not during emergency, we still have a lot of time [to raise awareness]. In emergency response there are so many challenges, like how it was in the early period in Central Sulawesi. To organise, to conduct consultations [with older people and people with disabilities], it is not as easy as during the non-disaster period."

Male WASH actor from a localised INGO.

In emergency settings, WASH actors indicated that a realistic goal for them would be to get on the first rung of the 'ladder' of participation.⁴⁵ Providing information, such as hygiene promotion and awareness raising, targeting older people and people with disabilities was considered realistic although in practice there was little reported. Reaching the top rung of the ladder of participation, where older

⁴⁵ According to Cornwall (2008), there are different levels of participation. The lowest being the provision of information to project participants, where involvement is only for 'display.' The next level is consultations with project participants, where contributions by project participants are starting to materialise. This is followed by the higher level of participation, which is indicated by the project participant's influence in project design and management. At the highest level is their empowerment as evidenced in their ability to make decisions and actions independently. See Cornwall, A. (2008). Unpacking 'Participation': models, meanings and practices. Community Development Journal Vol. 43 No. 3, July 2007. pp. 269-283.

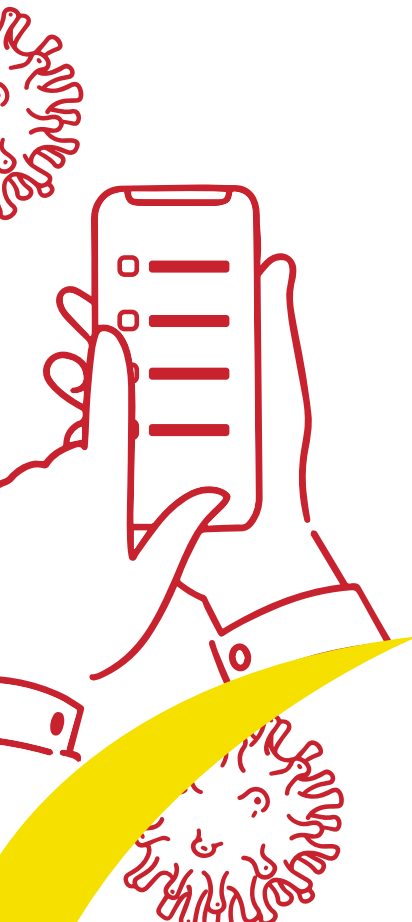
people and people with disabilities are empowered to jointly make decisions in programme planning and delivery, seemed hard to attain. Particularly, considering the short duration of humanitarian WASH projects. This could also lead to a very selective application of a “rights based” approach:

“Most of our donors [...] for emergency response in Central Sulawesi [...] were only [available to support] for the duration of 3 months, 4 months, 6 months. So, considering this, well, we cannot involve people with disabilities. We only [comply with] the focus of the donors, which is meeting the rights of people who live in emergency/temporary settings.”

Male WASH actor from a localised INGO.

4. Discussion

a. Methods and approach



With an ongoing need to conduct research remotely under COVID-19 restrictions, we are including some observations that may be relevant to other studies. Comparisons between online survey respondents and interview informants highlighted differences in reported findings. Overall, online survey respondents seemed to overreport efforts towards inclusion with not all findings from the online survey being verified in interviews. This may indicate increased awareness of the expectation to address inclusion resulting in some overreporting of initiatives by some WASH actors. Online surveys may be a useful way to collect data under COVID-19 restrictions, but their limitations should be noted and alternative ways to triangulate findings should be included. For instance, this can be done by organising an FGD with the survey participants to present and validate the survey findings. This validation becomes an opportunity to follow up on inconsistent responses and get examples or further clarifications.

COVID-19 restrictions also presented challenges for including affected older people and people with disabilities in the research as remote interviews required access to electronic devices, a reliable phone signal, or access to the internet. In remote areas where many informants lived, these were not available. With adjustments and consideration of COVID-19 restrictions (see section 2.c above) we were able to carry out face to face interviews with older people and people with disabilities through local OPD partners. This required additional remote training of OPD data collectors and ensuring protocols were in place to ensure the safety of informants. In situations where this is not possible, there is a concern that ensuring representation of older people and people with disabilities in research under COVID-19 restrictions will remain challenging. Strategies to ensure diverse representation of older people and people with disabilities in research under COVID-19 restrictions need full consideration and resourcing during the design phase.

Working with researchers with disabilities proved positive. This was facilitated by coordination with the pre-existing Working Group and enabled access to a mix of OPDs and pool of potential researchers with disabilities. However, it was not easy to identify OPAs. One OPA was identified later in the research. This allowed verification of findings with OPA members but was too late to identify members that could participate in the research. Although it may seem counter intuitive that it may be harder to identify older people than people with disability, the lack of representative organisations of older people can make identification and coordination challenging.

b. Accessibility and participation

The research identified few efforts to improve accessibility. Where accessibility was considered, it was limited to improving the physical accessibility of toilets. There was also the opinion that if the accessibility of infrastructure was ensured, such as through universal design, there was no need to ensure the participation of older people and people with disabilities in design and implementation. This is a narrow view of universal design that only focuses on removing physical barriers. Only removing physical barriers will not necessarily result in increased use.

The lack of consideration of communication and informational barriers, which can reinforce exclusion, also suggests that when accessibility was thought about, it was in terms of physical accessibility. There is also the concern that improving physical access can be considered the same as being inclusive. Further, improved physical access was understood differently by different WASH organisations with no common standards used in the response. The organisations that took a broader approach to improving access and inclusion were the specialised organisations. It was also these organisations that partnered with OPDs.

In the main, WASH actors did not identify and partner with OPDs or OPAs. However, as noted, identifying OPAs during the response was difficult. That WASH actors, aside from specialised organisations, did not partner with OPDs is more of a concern as OPDs were active during the response. The lack of partnering with OPDs is a sign that most WASH actors are not recognising the capacities of people with disabilities to participate in, and potentially contribute to, WASH programming. There were also indications that some WASH informants considered older people and people with disabilities as objects of charity.

Some informants found it hard to imagine that older people and people with disabilities could play an active role in response. Such an active role differed from the usual portrayal of older people and people with disabilities as victims in response and in society. Reflecting a charity approach to disability, involving older

people and people with disabilities in activities was also seen as adding to their “burden” during the response.

The idea that affected people can experience vulnerability while having capacities is reflected in the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief. Point 6 notes: “We shall attempt to build disaster response on local capacities. All people and communities- even in disaster- possess capacities as well as vulnerabilities.”⁴⁶ Seeing only one side of the coin, the vulnerability, without seeing the other side of the coin, capacity, has strong implications for how older age and disability are addressed in response. Older people and people with disabilities were viewed as not having agency and as passively needing to be rescued. As a result, there was no identification of the capacities of older people and people with disabilities to contribute, opportunities for them to contribute were not created, and partnerships with OPAs and OPDs were not established.

The lack of participation by older people and people with disabilities also appears to be the result of a lack of investment in building capacity to participate. Aside from trainings by one specialised organisation, there were no activities to invest in and support leadership by older people and people with disabilities. Also, there were no specific consultations with older people and people with disabilities in communities and no specific efforts to ensure they were aware of community based activities and consultations. It also important to note that levels of participation varied between older people and people with disabilities and by gender (see section 4.d below).

Overall there were very limited opportunities for older people and people with disabilities to develop WASH-related skills and knowledge, including how to repair water systems, how to monitor the construction of WASH facilities, and how to conduct outreach on hygiene. This also resulted in limited opportunities for WASH actors to build their knowledge, experience and skills on inclusion.



⁴⁶ International Federation of Red Cross and Red Crescent Societies (1994). The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief, retrieved from [https://www.icrc.org/en/doc/resources/documents/publication/p1067.htm#:~:text=Development%20actors-,Code%20of%20Conduct%20for%20the%20International%20Red%20Cross%20and%20Red,Organizations%20\(NGOs\)%20in%20Disaster%20Relief&text=This%20code%20see%20to%20safeguard,and%20effectiveness%20in%20disaster%20relief.](https://www.icrc.org/en/doc/resources/documents/publication/p1067.htm#:~:text=Development%20actors-,Code%20of%20Conduct%20for%20the%20International%20Red%20Cross%20and%20Red,Organizations%20(NGOs)%20in%20Disaster%20Relief&text=This%20code%20see%20to%20safeguard,and%20effectiveness%20in%20disaster%20relief.)

c. Responsibilities for inclusion

Although WASH actors are duty-bearers, the inclusion of older people and people with disabilities was not seen as a common or shared responsibility during the response. For some, there was the feeling that disability inclusion was not in their organisational mandate or mission. Also, that addressing the inclusion of older people or people with disabilities would distract from the organisation's main focus and mandate. There was also a tendency to treat inclusion as an add on and only when a donor required reporting against inclusion.

There was also a tendency to “silo” responsibilities. For example, it was noted that in longer-term development projects there is time to address inclusion. However, this was considered less possible in short term humanitarian response, which is focused on “life-saving”. A common view was that older people and people with disabilities were not deliberately excluded and would in fact be included in interventions that targeted the wider community. Relatedly, there was no targeting of older people and people with disabilities, outside of specialised organisations, and very few efforts to remove barriers to participation.

It was also noted that there was a requirement to deliver WASH interventions at scale with little attention paid to ensuring wide participation. The lack of prioritisation of inclusion, alongside seeing inclusion as an “add on”, meant a lack of resources were being directed towards inclusion, and the mainstreaming of inclusion, within organisations. This was not helped by donors, despite their clear duty bearer role, not prioritising the inclusion of older people and people with disabilities in funding applications and reporting. The tendency to see “development” and “humanitarian” projects as separate is also driven by funding priorities and is a barrier to progressing inclusion in shorter term response.

Clear distinctions were also made between general and (disability or older age focused) specialist WASH actors. There was the idea that delivering inclusive WASH requires inclusion specialists or experts. As most organisations do not have these experts on their boards or in their project teams, delivering inclusive WASH was considered difficult or not possible. While informants mentioned that having specialised staff in their organisation is important to support inclusion



initiatives, no informants reported considering older people and people with disabilities as being the experts on disability and older age inclusion that WASH actors could draw on.

That the inclusion of older people and people with disabilities was not specified in the mandate of organisations was a clear barrier to improving inclusion in WASH and trickled down to staff and activities in the field. The limited numbers of specialised organisations working on disability and older age inclusion was not sufficient to create a critical mass to lead to positive change and the inclusion of older people and people with disabilities becoming standard practice. Limited participation by OPDs and OPAs in coordination mechanisms during the response also meant little bottom-up pressure to change. Again, this was accompanied by little top-down pressure, or direction and leadership, on the importance of disability and older age inclusion from donors and government.

Specialist organisations felt that most WASH actors were now aware of the Humanitarian Inclusion Standards (HIS). However, they also felt that most WASH actors did not have a deep understanding of the HIS or how to apply the standards in their projects. Importantly, only one organisation that focused on both the inclusion of older people and people with disabilities was identified. Preconceptions also played a role. Assumptions that older people and people with disabilities would not have anything to say regarding the services being provided to them, implied that collecting feedback from them would not be a productive use of time for WASH actors during response.

d. Older age and disability



Overall older people were found to be more likely to participate and be included as contributors to WASH activities than people with disabilities. Older men were more likely to be included as contributors than older women. However, older people were not specifically targeted for inclusion during the response. The examples identified were when older people were included alongside other members of the community or an older man was considered to be an elder (tetua) with higher social status. The two older men with disabilities identified as contributing to WASH activities (see section 3.a HIS 4 above), were identified as older people with functioning difficulties in the research and not because they self-identified, or were identified by the wider community, as a person with disability.

Older women were less likely to be seen and selected as 'elders' due to socio-cultural norms that limit women's social mobility and participation in society resulting in fewer opportunities to participate in WASH activities and decision making. In contrast, one male informant with disabilities belonged to a family with high social status as a family member is the village head. This intersectionality of disability and social status did not translate into better opportunities to participate. This informant was reported as never participating in community activities, including WASH during the response, despite his proximity to decision making in his community. When considering the inclusion of older people and people with disabilities it is important to remember that people with disabilities may face additional stigma and prejudice.

Using a functioning approach via the Washington Group questions to identify people with disabilities, including older people with disabilities, is helpful in drawing attention to shared barriers that need addressing. However, it is important to note the example of not self-identifying, or being recognised, as a person with disability above. While identifying shared barriers is useful, the specific access needs of both people with disabilities and older people still need to be considered. As the Washington Group questions target disability, we should be careful not to let the specific needs of older people be overshadowed. It was also concerning that there was limited data available on older people during the response. WASH actors, including government, do not face the same challenges identifying older people as identifying people with disabilities. Yet, basic data on older people was not available. While we would not have been surprised if village and sub-district government data was not broken down by additional age groups above 60 years of old, we were surprised no data on anyone over 60 years old was available.

Needs assessments were reported as being conducted immediately following the disaster using assessment forms that were jointly developed by WASH actors from different agencies. This WASH joint assessment form did not gather information regarding disaster impacts on, and the specific risks and needs of, older people and people with disabilities. No data disaggregated by disability was identified in WASH cluster reports. But there were signs, from the desk review, that actors were starting to collect disability data in the overall response. The International Organization for Migration (IOM) data tracking matrix notes provision of toilets for vulnerable people on gender, age (from infants to older people), but not on people with disability with the exception of access to education for children with disabilities. Also, no breakdown of older people by further age categories was included.⁴⁷

The Emergency Capacity Building Consortium and Humanitarian Forum Indonesia collected information across sectors and clusters and reported using the Washington Group questions during the response.⁴⁸ However, the disability data collection was conducted as a stand-alone task and was not applied to disaggregate data, such as on beneficiaries, within sectors or clusters. So, while general disability data was collected it was not applied to deepening understandings about WASH or the activities of other clusters.

Older people did not benefit from the same level of organisation and representation via OPAs as people with disabilities did via OPDs. Local OPDs knew where their members and peers were and could have helped WASH organisations to identify and reach people with disabilities who may be hidden due to pervasive stigma in communities. With limited data, as was the case in Central Sulawesi, identifying and working with local OPDs and OPAs are important pre-requisites to enable WASH actors to reach older people and people with disabilities during response. The lack of engagement by WASH actors was, again, a symptom of WASH actors not recognising the capacities and capabilities of older people and people with disabilities to contribute.

⁴⁷IOM (2018). Central Sulawesi Earthquake - Site Assessment Round 2. Period covered: 1 - 30 December 2018, retrieved from <https://displacement.iom.int/datasets/central-sulawesi-earthquake-%E2%80%94-site-assessment-round-2>

⁴⁸Emergency Capacity Building consortium and Humanitarian Forum Indonesia (2018). Joint Need Assessment (JNA) Sulawesi Earthquake & Tsunami 28 Sep 2018: Report v.1. 9 October 2018. PowerPoint presentation, retrieved from https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/09.10.2018_jna_sulteng_report-v1.pptx

5. Opportunities

This final chapter rounds off our report by highlighting four areas of opportunity for improving the inclusion of older people and people with disabilities in humanitarian WASH programming we identified in this study. These opportunities are targeted towards increasing the meaningful participation of older people and people with disabilities in WASH programming through the removal of barriers to inclusion.

a. Build on existing good practices

While we identified few good practices of disability and older age inclusion, there were some. These were led by specialised organisations focusing on disability and/or older age. Overall, it was these organisations that were looking beyond physical accessibility and directly targeting and engaging with people with disabilities and older people to improve participation in WASH processes.



There is also awareness amongst WASH actors of the importance of inclusion as a crosscutting issue and some recognition of the HIS. While our government informant did not see inclusion as directly falling under their remit, they were aware that it was a concern of government and that others in government were tasked with working on inclusion. The collection of disability data within the overall response was also encouraging even though it was yet to be applied in the work of the clusters. The establishment of feedback mechanisms are another example. Rather than introducing a new or separate inclusion initiative, there is an opportunity to improve existing practices by updating feedback mechanisms through consideration of accessibility and barriers.

The good practices that specialised organisations are demonstrating are important, but alone they are not sufficient to ensure inclusion across a response. They do, however, provide a basis that can be built on and replicated. A clear challenge to wider adoption of inclusive practices is the need for greater acknowledgement of shared responsibility for disability and older age inclusion by all WASH actors and their roles as duty bearers. This includes recognition of the real world impact of barriers on older people and

people with disabilities and why the impacts of community wide approaches, without specific targeting, will do little to improve inclusion.

b. Build on donor commitments

All the donor agencies represented by informants in our interviews have their own guidelines on inclusion, and even specifically addressing inclusion in WASH. WASH actors reported that they would implement inclusion initiatives if it was a requirement of donors, but that this was not the case as a rule. It is concerning that donor commitments, including through member state and UN commitments to the CRPD, and guidelines are not being translated into practice. There seems a clear need to introduce compulsory reporting requirements on disability and older age inclusion by donors to grantees. These requirements should go beyond reporting on efforts to remove physical barriers to also address participation.

There is also the important concern that WASH actors operate in resource poor environments, including on short time frames, and are under pressure to deliver. Ensuring inclusion requires resourcing and donors should also ensure inclusion activities are budgeted and resourced alongside recognising the additional time and flexibility that effectively ensuring inclusion may require. In turn, it seems reasonable that grantees will have additional reporting requirements on inclusion.

c. Focus on capacities, not vulnerabilities

The research process illustrated strong interest from the disability sector, particularly at the local level, to contribute to humanitarian response. This went beyond advocacy to direct engagement in the response process, including the willingness of OPD members to contribute to this research. Older people and people with disabilities in communities also indicated a willingness to support the response process and to be involved in consultations if the opportunities were made available, including reasonable adjustments to ensure their participation.

The joint needs assessment was an example where OPD and OPA members could have participated and provided inputs. OPDs and OPAs were not seen as obvious partners by WASH actors; however, they are well placed to contribute to the design and delivery of more inclusive assessment tools and processes. This requires a change in mindset, particularly for the inclusion of people with disabilities, and that will only happen through increased interaction between people with disabilities and WASH actors.

d. Institutionalise inclusion in response

Many of the opportunities outlined in the previous sections, such as donor reporting requirements or partnering with OPDs and OPAs point to the need for change within institutions and organisations. Towards this end, several informants noted the positive contribution and influence they considered inclusion specialists to have within organisations. It was also noted that these individuals were not always present. There was also a tendency for informants to consider inclusion to fall within the remit of specialised organisations. While no one is questioning the need for greater coordination across response, specialised organisations alone cannot ensure inclusion across a response. This will only happen when inclusion is mainstreamed alongside an increase in targeted interventions.

It is also worth noting that the government played a lead role in cluster coordination during the Sulawesi response. Host governments, alongside donors, are uniquely positioned to take a critical leadership role in setting standards and expectations on inclusion for organisations involved in a response. The signs are there that WASH actors are moving towards being more inclusive of older people and people with disabilities but more mainstreaming within organisations and across programming is required. The COVID-19 pandemic has demonstrated the adaptability and resourcefulness of individuals and organisations- applying these same attributes to improving disability and older age inclusion is not out of our reach.





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