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Access for all: securing older people’s access to water and sanitation

Bridget Sleap, United Kingdom

Poor older women and men in the developing world are often ‘unserved’ in terms of water and sanitation despite the universality of the right to water (Committee on Economic, Social and Cultural Rights, 2002). This paper explores the main barriers to accessing safe water and sanitation that poor older people face such as the prohibitive cost of water, difficulty in access and use of service points, and the lack of disaggregated data (by age and sex) on who has access to safe water and sanitation. The paper then presents three examples of practical interventions by HelpAge International and its partners to address these issues and concludes with recommendations for both policy makers and practitioners on how to improve and secure access to water and sanitation for poor older people.

Introduction

Water insecurity is a major source of stress and expense for poor older people who, due to a combination of factors including distance, cost, design of latrines and unsuitability of water points, are often unserved by existing services and facilities. Older women and men are amongst the poorest of the chronically poor (Chronic Poverty Research Centre, 2004) and often care for grandchildren and ill children with HIV/AIDS (Monasch & Clark, 2004). As populations age in both developed and developing countries, interventions on the financing and provision for water and sanitation in line with the Millennium Development Goals (MDGs) must be adjusted to ensure that older people benefit from the global commitment to halve the numbers of those with no access to safe water and sanitation.

Key issues

Older people face a number of issues that make it difficult for them to access clean water.

The cost of water

The payment of community members to carry water, or to service providers directly, is often prohibitive for older people who have no regular income. Evidence shows that where older people need to pay for water, they have to spend a sizeable amount of their income on it, whether this comes from pensions, other cash transfers or from other sources. This financial burden is particularly acute for women, who tend to live longer than men, are less likely to have worked in the formal sector or acquired assets over their life time, are less likely to remarry after widowhood and are often subjected to discriminatory inheritance practices.

Regular, predictable cash transfers, such as pensions, enable older people to cover expenses for their basic needs, reduce the stress and anxiety created by water insecurity and restore their dignity by reducing their reliance on family members. For example, a study of expenditure of pensions in South Africa showed that older women in Claremont, a peri-urban area near Durban, spent a sizeable proportion of their pension on water (20%, the same as on food) and electricity (30%) (Mohatle & Agyarko, 1999).

Discussions with older people in Tanzania in 2004 held in connection with civil society consultations around the national poverty reduction strategy revealed that ‘Lack of public water supply, a common feature in most parts of the country resulted in rise of water trade - with a container of twenty liters selling at shillings 200-300 in some places. Cash stranded old people had difficulty to get water too’ (HAI, 2004a). HelpAge International (HAI) supports an ‘older citizens monitoring’ programme of government supplied entitlements in Tanzania, funded by the Department for International Development (DFID). This has identified water supply as a key issue, but found it difficult to monitor as there are no local targets for older people’s access.

A 2004 study on HIV/AIDS issues and older people in Tanzania identified water as a contributing factor to a number of potential risks of HIV infection that they faced. In one extreme case poverty and the prohibitive cost of water had forced poor older women into transactional sex, especially where they had taken on additional caregiving roles. Older women from Kibaha District in the Coast Region spoke of engaging in transactional sex with young men selling water. Water shortages are common in many parts of Tanzania, especially in rural areas. Urban areas such as Tandale ward in Kinondoni municipality also suffer from chronic water shortages, where older people cannot afford the 150 Shillings (US$ 0.10) to pay even for one bucket of water. Women
respondents in this ward reported similar cases of offering sex in exchange for water (HAI, 2004b).

In Kenya, a needs assessment carried out by HAI and HelpAge Kenya in April 2005 in Ngando Slum, Nairobi, highlighted lack of access to safe water as one of the older people’s main concerns. At that time there were no water points in Ngando and residents had to buy water from water vendors at a cost of about 50% of their daily income. The water was then reused several times posing a health hazard to family members.

**Inaccessible and difficult to use facilities**

Older people may have difficulty in walking long distances everyday to fetch water and carrying up to 20 litres (the average weighing 20kg) on their heads on the return journey. Mangalita Siamajele, from Zambia, didn’t go to school and so doesn’t know how old she is but at maybe 60 found the burden of fetching water draining. “I am so tired.” she said “Where I have come from is very far, walking with 20 litres on my head. I am old, I have a bad hip and am always tired, carrying this bucket twice a day, I need to get home, I need to rest.” (WaterAid, 2006a).

The living conditions of the older people in a study of six districts in Uganda were unhygienic with poor housing and sanitation. Most lacked latrines and the few that had them, complained of them being not user friendly since they found it hard to bend and squat. Due to poverty most could not afford water and soap and instead used herbs to bathe and clean themselves. In Mbarara the main kind of toilet facility used by the older people was a pit latrine (71.3%), of which 21.7% were uncovered pit latrines (HAI, 2005a).

In Makindye in Wakiso District in Uganda, lack of clean water is a major concern for older people, with only one borehole and one unprotected well that serve the community and three boarding schools in the area. This situation is particularly critical for older women carers of people living with HIV/AIDS (PLWA) and orphans and vulnerable children (OVCs), since they cannot leave the house for long periods of time to fetch water, and need increased amounts of water to carry out their care giving roles. This inability to carry out everyday tasks and provide those in their care with clean drinking water adds to the older carers’ feelings of stress and inadequacy (HAI, 2005b). Improved access to safe drinking water in this community would allow young girls to spend longer at school, improve the sanitation for PLWA and OVCs and reduce the emotional stress felt by older carers.

In Uganda the major sources of water vary from region to region. In northern Uganda, older people access water from boreholes constructed with support from development partners and NGOs working in emergency areas. However, challenges of accessing such water sources include long waiting (8 hours to collect a 20 litre Jeri can) and poor strength of older people to operate the hand pump (HAI, 2005a).

**Data collection and monitoring who gets water**

Indicators to measure sustainable access to improved water source and sanitation are limited to percentage of the population. This data does little to tell policymakers and programme developers exactly who within the community has access or not and therefore prevents them from developing appropriate policies and interventions based on need.

Community monitoring of access to water and sanitation would ensure the needs of the excluded and unserved are monitored and addressed more effectively. For example, in a village in Changara District of Tete Province in Mozambique, older women who care for PLWA and OVCs criticised community management of a borehole, complaining of jostling and harassment by younger women when they tried to collect water (HAI, 2005c). This was cited as one of the ways that older women in particular feel excluded and how their role as carers is made more difficult.

**Addressing older people’s needs**

HelpAge International has been supporting practical activities to address the issues outlined above. For example in the aftermath of the Tsunami, older people decided the location and number of wells and toilets, and were consulted by Help Age Sri Lanka on their design. A number of other interventions are outlined below.

1. **Installing a solar pump and irrigation system in Tsalala, Mozambique**

   In 2005, 200 vulnerable older people and their dependents, and approximately 3000 secondary beneficiaries, gained access to potable and clean water through the drilling of a borehole, complete with solar pump, with the capacity to produce water to irrigate 6 hectares of land and feed a 10,000 litre tank. A water group, consisting of 3 women and 2 men was set up to manage the irrigation system, which includes a series of taps close to the machambas (small plots of land) so that the older people don’t have to carry the water so far or queue for long periods of time.

   Benefits: As a result the borehole and irrigation system have greatly improved the community’s food security by enabling the irrigation of crops and there has been a marked decline in water borne diseases. In addition this pilot project on the use of a solar powered pump has generated a lot of interest from other municipalities which has motivated visit from municipalities of three Mozambican provinces and media groups from South Africa and Brazil.

2. **Using traditional collection methods in the Thar Desert, Rajasthan, India**

   As part of a wider project to reduce poverty in the area, older people’s associations have been set up in 18 villages to secure access to safe water through improved
traditional storage techniques, rainwater harvesting and environmentally sensitive agricultural practices. To date (the project started in 2003) Khadins (traditional rainwater harvesting systems) and taankas (underground tanks collecting rainwater) have been constructed and nadis (village ponds) are being desilted or built.

A taanka provides approximately 6 months’ worth of rain water. In the other months, because of the larger capacity of the taanka it only costs around Rs. 150 (US$3.3) for 5,000 litres delivered by a tanker tractor. This is cheaper than the smaller camel tanker that older people had to pay for before, costing Rs. 375 (US$8.5) per month, considerably more than the pension of Rs 250 (US$5.6) which only covers 50% of the population (HEDCON, 2006).

Benefits: Before, older people were totally reliant on the goodwill of family members to provide them with water. The situation has now reversed for those who have their own taanka or khadin, and it is now the older person who provides water to the family– on average 9 family members benefit from one taanka provide to the older people.

3. Older people building their own toilets in Cambodia
Most people living in rural Cambodia do not have access to a sanitary toilet. Instead, they use the rice fields or forest. For some people, including many older people, far-off toilet areas can be difficult to reach, creating further problems. ‘In my village… people would often get sick because of the poor hygiene,’ said Yin Koen, a 73-year-old rice farmer in Battambang province. ‘At night, it was difficult for me to go to the faraway field that I used during the day, because I was afraid of being bitten by snakes or other animals, or tripping over something. So I would go near my house, which was unhygienic.’ (HAI, 2004c).

In 1997, older people’s associations in Battambang met to discuss their problems and identify possible solutions. They decided to build toilets for homes in which vulnerable older people lived. HAI provided funding for construction materials such as cement rings, toilet bowls, stones and sand. The older people’s associations distributed building materials to families to build their own toilets. They monitored the work and arranged help for people with disabilities. A construction expert was employed to oversee the building work and provide technical advice, such as how to deal with waste.

Benefits: After two years, 150 toilets had been built in six villages. The result was a cleaner and healthier environment. ‘The area around my house is clean and I don’t have to spend money buying medicine for diarrhoea,’ said Yin Koen.

4. Monitoring of services by older people
Data can be collected by national statistics offices, however the most effective monitoring of access to services often takes place at the community level. HAI is working with older people’s committees in a number of communities effectively monitoring access to social protection measures, such as subsidized drug schemes, old age allowances, and cash benefits for poor houses. This monitoring process has enabled older people’s groups to develop strong skills in communication, monitoring and data analysis and have enabled them to be influential in local policy development.

5. Appropriate technical solutions
Direct action pumps that rely on the strength of the operator and require physical effort are not suitable for all older people and young children, although they are cheaper to buy and operate than high lift hand pumps. There are number of different types of pumps and older people’s needs should be taken into account when a community or those working with the community decides which pump it should use. For example intermediate and high lift piston hand pumps are designed so as to reduce, by means of cranks or levers, the physical effort required.
when pumping (WaterAid, 2006b). Solar powered pumps are another suitable alternative (see above).

The installation of water taps can reduce queuing time and, because the flow of water is constant and faster, older people in Ghana have reported that there is less pushing and shoving which makes collection of water easier for them (WaterAid, 2006a).

**Recommendations**

1. National governments, aided by the international donor community, should resource and implement a basic package of social protection measures, including universal non-contributory pensions, within national poverty-reduction strategies, to ensure that older people and other vulnerable groups can afford safe water wherever they have to pay for it.

2. Data on who has access to water and sanitation facilities must be collected and disaggregated at national and international level by age and gender to enable policy makers and programme developers to design interventions that focus on improving access for older people and other vulnerable groups.

3. Indicators and measurement of MDG achievements relating to water and sanitation must be disaggregated by age, gender and disability to ensure that the needs of vulnerable groups, such as poor older people and those with disabilities who often remain invisible, are met.

4. Older people’s committees must be consulted and involved in monitoring access to water and sanitation facilities in their communities.

5. The needs and location of older people households must be considered when choosing the location of new water points and the most suitable type of pump for community bore holes and wells. Water taps and pumps should be installed wherever possible to reduce queuing time and the physical effort needed to draw water.

6. Pit latrines should be constructed with a raised seat to enable older people and those with limited mobility to use them more easily.

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**Notes**

1. Defined as 60+

2. Project supported by the Guernsey Overseas Aid Commission

3. Project supported by the European Union

**Contact addresses**

Bridget Sleap
Policy Officer
HelpAge International, PO Box 32832, London, N1 9ZN, UK.