

HUMANITARIAN WASH PROGRAMMING

EXPLORING THE BARRIERS TO INCLUSION FACED BY PEOPLE LIVING WITH INCONTINENCE

ABOUT THE CHALLENGE

Elrha's Humanitarian Innovation Fund (HIF) aims to improve outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective and scalable solutions. To achieve this, we fund innovations that aim to improve the effectiveness of humanitarian response.

Our Water, Sanitation and Hygiene (WASH) focus area aims to explore and grow the potential for innovation to improve humanitarian WASH.

In 2013, we commissioned a Gap Analysis to identify the major challenges that require innovative solutions in humanitarian WASH. Whilst this Gap Analysis remains the foundational framework for our WASH innovation work, we also recognise that the needs of affected populations evolve, and so must the humanitarian innovation agenda and the WASH sector's response to these needs.

Over the past couple of years, menstrual hygiene management and incontinence management in humanitarian settings have surfaced as important and neglected gaps in the sector. While our 2013 Gap Analysis acknowledged menstrual hygiene provision as a gap in humanitarian programming, it made no reference to incontinence management. Guided by conversations with WASH experts and our Technical Working Group (TWG), as well as informed by initial rapid desk research, we decided to focus the two May 2019 WASH Challenges on these complex and neglected areas for the sector. Our decision is also informed by our HIF Programme Strategy for 2018–2020 and our ambition to be a responsive and adaptive actor in the humanitarian system, tackling more complex and systemic innovation problems.

Through these two Challenges, we hope to build a better understanding of the existing barriers to effectively managing menstrual hygiene and incontinence in humanitarian settings and support the development and uptake of innovative solutions.

This Handbook is about the Incontinence Management Challenge.

To apply for the Challenge, fill out the Expression of Interest (EOI) via our Common Grants Application platform.

- Already have an account? [Login to start an application.](#)
- Don't have an account? [Sign up to open an account and start an application.](#)

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THE PROBLEM

Incontinence is a complex health and social issue that is often-overlooked in humanitarian settings. In stable high-income contexts, this health issue is reported for one in four women and one in ten men.¹ In humanitarian settings, because of the additional trauma, stress and potential injuries, the prevalence of incontinence is likely to be significantly higher. For example, in conflict situations, like Syria, humanitarian responders have seen a dramatic increase of bed-wetting among children due to psychosocial distress.²

The severity of incontinence can vary significantly; from managing leaking and smells to frequent urinary infections and bladder complications that can become life-threatening if not properly managed.³ Incontinence is also a hugely stigmatising issue that can lead to those affected feeling shame and embarrassment, resulting in low self-esteem. In humanitarian settings, incontinence could restrict access to essential services such as distributions of food, water or health services, or restrict the ability to meaningfully participate in decision-making processes, leading to further social exclusion and vulnerability.⁴

Incontinence management has recently started getting attention in the humanitarian sector, most noticeably in conversations about sanitation materials.⁵ Other available research is focused on mapping the scale of the problem, or mentions incontinence management in the context of increasing the accessibility of WASH services and physical facilities.⁶

However, there is still little information about the experiences of and barriers faced by people living with incontinence when it comes to accessing relevant services and meaningfully participating in the design, implementation and evaluation of WASH humanitarian programmes.⁷ While there is some guidance around engaging effectively with people living with incontinence, this is not evidence-based.⁸ There is also little holistic guidance around designing or implementing appropriate WASH spaces for people living with incontinence to safely, and with dignity, manage the changing, washing, drying or disposal of incontinence materials.⁹

The aim of this Challenge is to build on existing evidence and insights to further understand the barriers to inclusion that people living with incontinence face, so that more holistic, effective and inclusive WASH programmes can be developed.

1 C. Giles-Hansen. (2015) "[Hygiene needs of incontinence sufferers: A desk-based study.](#)"

2 B. Hafskjold et al. (2016) "[Taking Stock: Incompetent at incontinence – why are we ignoring the needs of incontinence sufferers?](#)", Waterlines Vol. 35 No. 3.

3 Ibid.

4 Ibid.

5 S. House. (2016) "[Considerations for selecting sanitary protection and incontinence materials for refugee contexts](#)"

6 B. Hafskjold et al. (2016) "[Taking Stock: Incompetent at incontinence – why are we ignoring the needs of incontinence sufferers?](#)", Waterlines Vol. 35 No. 3.

7 See Annex A and Annex B in C. Giles-Hansen. (2015) "[Hygiene needs of incontinence sufferers: A desk-based study.](#)"

8 Ibid.

9 C. Giles-Hansen. (2015) "[Hygiene needs of incontinence sufferers: A desk-based study.](#)"

THE CHALLENGE

We're looking to understand the experiences of people living with incontinence and the barriers they face to inclusion in WASH humanitarian programming: including needs assessments, programme design, implementation, and monitoring and evaluation (M&E).

WHAT WE'RE LOOKING FOR

We're looking to fund innovative projects that:

- are at the Problem Recognition stage of the innovation process.¹⁰
- are able to provide a comprehensive and developed understanding of the barriers to inclusion in humanitarian WASH programming faced by people living with incontinence.
- are able to articulate the identified barriers as opportunities for innovation for the humanitarian sector.
- focus on one or more specific humanitarian contexts; both in terms of geographic setting and phase of humanitarian response.¹¹

Successful projects will also be expected to meet the following criteria:

APPROPRIATE METHODS

Projects should use appropriate research methods and tools that, to the extent it is possible, build on and employ existing effective and safe approaches for participatory research. For example, projects could use design research methods such as those in our User-centred Design Guide.

PARTICIPATORY AND INCLUSIVE

Proposed research methods and tools should be inclusive to enable meaningful and safe participation of people living with incontinence. The project should also engage with relevant humanitarian practitioners to understand any challenges and opportunities they perceive in designing and implementing suitable WASH programmes and services for people living with incontinence. Where relevant, projects may also consider engaging with carers and care-givers.

¹⁰ Read more about the 'Problem Recognition' stage in our Humanitarian Innovation Guide.

¹¹ We are open to projects in all humanitarian settings and phases of response.

EVIDENCE-BASED

Projects should demonstrably build on existing evidence, guidance and good practice related to engaging effectively with people living with incontinence in humanitarian settings. Furthermore, projects should use data from existing needs assessments wherever possible to avoid duplication and consultation fatigue.

ETHICAL

Projects must robustly consider the ethical implications of their proposed activities and methods and how to mitigate any risks. Any barriers to the participation of people affected by crisis in the research should also be identified, as well as proposed strategies for addressing them. Projects must consider how they will gain independent ethical review and approval for working directly with people living with incontinence in their chosen setting (especially if these include children, older people or people with disabilities). They must also pay due attention to ethical issues throughout the project's delivery. Please see our [Humanitarian Innovation Guide](#) and [Ethics Framework](#) for more information.

INTERSECTIONAL

Whilst projects may focus on people living with incontinence, they should also recognise the intersection between incontinence, age, gender and disability when exploring the barriers faced, as well as consider other identity characteristics as part of this.¹²

COLLABORATIVE

Projects must include at least one humanitarian actor as a partner, and, wherever possible, should develop meaningful partnerships with local organisations to support implementation. **Please note: applications that can demonstrate a meaningful and high quality partnership with a local organisation will be given a higher score on partnerships.**

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FUNDING AVAILABLE

We are looking to fund a selection of diverse Problem Recognition projects in different humanitarian settings.

There is a **total budget of £100,000** available for this Challenge.

- From this, we envisage funding a selection of projects with varying budgets; ideally in the range of **£30,000 to £70,000** per project.
- The projects will run for between **12 and 18 months** and the total duration should cover **both implementation and dissemination**.

The proposed budgets and timelines should align with the level of ambition of each individual project within the Challenge parameters. Each solution will be assessed on its own merit, value for money and potential for impact.



Please note that the grant amount requested at EOI stage can be indicative. Detailed budget plans will be requested at the full proposal stage.

DELIVERABLES

In response to this Challenge, applicants will be expected to deliver the following stages of work:

DEVELOP PROBLEM RECOGNITION RESEARCH METHOD

Further develop, adapt or tailor your proposed research method to support the development of a comprehensive understanding of:

- the ways people living with incontinence and their carers manage their water, sanitation and hygiene needs in humanitarian crises (with an emphasis on practices, materials and spaces used).
- the barriers to inclusion in WASH programming experienced by people living with incontinence.¹³
- the extent to which existing WASH programmes address these barriers.
- the extent to which people with incontinence currently have access to WASH services, and are meaningfully participating in needs assessments, and in the design, implementation, and M&E of WASH programmes.¹⁴
- the impact of inclusion (or lack of inclusion) in humanitarian WASH programmes on people living with incontinence.
- the opportunities for inclusion and addressing barriers in WASH programming.

UNDERTAKE RESEARCH IN CONTEXT

Carry out the research in one or more specific humanitarian settings. This stage is expected to involve data collection, analysis and formulation of findings.

GENERATE OPPORTUNITIES AND INSIGHTS

Articulate identified barriers as clear opportunities for the humanitarian sector to explore and inform the development of inclusive WASH programmes and spaces in a participatory way. Part of this could be highlighting areas for innovation.

ASSESS METHOD

Appraise the effectiveness of the research method and tools used.

¹³ Applicants are expected to consider the range of activities included in WASH programming (eg, access to safe water, access to basic sanitation facilities, and support of good hygiene practices).

¹⁴ We ask applicants to propose a suggested research focus and accept that this may not include all stages of programming. However, we expect applicants to reflect on the implications barriers in one stage of programming may have on other phases.

DISSEMINATE FINDINGS

Share the key opportunities and insights from the research and the appraisal of your method, in clear and accessible format(s).

- The format for dissemination is open for applicants to decide but should be accessible and appropriate for target audiences, and easy for other practitioners to learn from, use and/or adapt to different humanitarian settings.
- We would expect applicants to consider open-access, peer-reviewed paper(s) as one possible output in order to add findings to a formal body of trusted evidence.



The projects selected for funding will be required to **report on their progress** via written reports, verbal conversations or possible monitoring visits. Details on the reporting requirements and timings will be shared at the contracting stage, as well as details of our safeguarding and whistle-blowing policy, procedures and feedback mechanisms.

CHALLENGE TIMELINE

APPLICATION (2019)



<p>23 May 2019 Challenge launch</p>	<p>The Challenge launches on 23 May 2019. The deadline for expressions of interest (EOIs) is 23 June 2019 at 23:59 BST. Apply via the Common Grants Application platform.</p>
<p>Jun–Jul 2019 EOIs shortlisted</p>	<p>EOIs will be reviewed against the criteria outlined in this Handbook. Shortlisted projects will be notified in the week commencing 1 July 2019.</p>
<p>8 Jul 2019 Feedback webinar</p>	<p>Shortlisted projects will receive top line feedback via a group webinar on 8 July 2019. There will be two webinars (AM/PM UK time) to suit different time zones. Attending the webinar is mandatory for qualifying for the full proposal stage.</p>
<p>4 Aug 2019 Full proposals</p>	<p>All shortlisted projects will be invited to submit full proposals. The deadline for full proposals is 4 August 2019 at 23:59 BST. Full proposals are reviewed by independent technical reviewers and their feedback is given to the HIF’s independent Funding Committee. For further details on funding decisions and processes, please see our governance information. The final project selection is made by our Funding Committee.</p>
<p>Oct 2019 Project(s) selected</p>	<p>Successful projects will be announced in early October 2019. Contracting is expected to last six to eight weeks.</p>

PROJECT PHASE (12–18 MONTHS)



<p>Dec 2019 Project(s) start</p>	<p>The projects are expected to start in early December 2019, with a kick-off workshop organised by us in the week commencing 20 January 2020.</p>
<p>Dec 2019–Jun 2021 Project(s) ongoing</p>	<p>Grantees will have between 12 and 18 months to carry out their projects. The total duration of projects should cover implementation and analysis of findings, as well as a dissemination phase. All projects need to be completed by June 2021 – including dissemination activities.</p>

YOUR APPLICATION

To apply for this Challenge, register via our Common Grants Application platform accessible from the [Incontinence Management Challenge webpage](#).

In filling out the Expression of Interest (EOI) online, you will be expected to provide the following:

- Indicative funding requested from the HIF. At the EOI stage, we only require an estimate of the total amount. Successful applicants will be able to update this amount in the full proposal stage, and will be expected to provide a detailed budget and project plan.
- Brief details on your team and anticipated partners who will work on this project.
- Brief details about your Problem Recognition project including:
 - an overview of the problem and the context
 - the barrier(s) you plan to explore
 - approach to implementation (method)
 - a rough outline of intended activities and deliverables
 - details about possible setting(s) for implementation.

If invited to develop your EOI into a full proposal, you will be expected to adapt and expand on the EOI and answer a few additional questions about your plans for implementation, evaluation and dissemination.

For the full list of requirements and details about the application process, please register via the Common Grants Application platform.

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GLOSSARY

Where a reference is given, these definitions are taken in whole from the source document.

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.¹⁵

INCLUSION

Inclusion means 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 organisations make dedicated efforts to address and remove barriers.¹⁶

- For this Challenge, we use this definition but extend it to cover other identity characteristics such as age, gender, race, colour, ethnicity, sexual orientation, language, religion, health status, political or other opinion, national or social origin.

INCONTINENCE

Incontinence is a complex health and social issue, which involves the involuntary loss of urine or faeces or both. It can affect a wide range of people including:

- older people;
- men, women, and children with physical, intellectual, and/or psychosocial disabilities;
- women and adolescent girls who have given birth;
- women and adolescent girls who have suffered fistula (tear in the flesh adjoining the bladder or colon leaving a hole through which faeces or urine leak out) due to giving birth too young, from prolonged/obstructed childbirth, or from sexual assault;
- people with certain types of illness (such as cancer, diabetes, arthritis, and asthma) or who have had an operation (such as the removal of the prostate);

¹⁵ ADCAP. (2018) "Humanitarian inclusion standards for older people and people with disabilities."

¹⁶ IFRC. (2015) "All Under One Roof, Disability-inclusive shelter and settlements in emergencies", p. 10.

- people who have experienced highly stressful situations, such as conflict or disasters, and develop night-time bed-wetting;
- men, women, and children of all ages who simply have malfunctioning bladders or bowels.¹⁷

INCONTINENCE MATERIALS

The materials used to catch urine and/or faeces. These could be disposable or reusable cloths, sanitary pads, absorbent underwear, adult diapers, pouches or any other preferred method.

INCONTINENCE SUPPLIES

The other items needed to support the management of incontinence such as soap, water, mattress protectors, bedpans, handheld urinals, or commodes (portable toilets).

INNOVATION

Humanitarian innovation can be defined as an iterative process that identifies, adjusts and diffuses ideas for improving humanitarian action. See more in our [Humanitarian Innovation Guide](#).

INTERSECTIONALITY

This means the interaction of multiple factors, 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.¹⁸

PEOPLE WITH DISABILITIES

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.¹⁹

WATER, SANITATION AND HYGIENE (WASH)

A collective term for programmes that focus on (1) ensuring access to safe water, (2) ensuring access and use of basic toilets and ways to separate human waste from contact with people and (3) nurturing good hygiene practices, especially handwashing with soap. While each is a separate field of work, they each depend on the presence of the other.

¹⁷ B. Hafskjold et al. (2016) "[Taking Stock: Incontinent at incontinence – why are we ignoring the needs of incontinence sufferers?](#)", *Waterlines* Vol. 35 No. 3.

¹⁸ ADCAP. (2018) "[Humanitarian inclusion standards for older people and people with disabilities](#)."

¹⁹ UN CPRD. '[Convention on the Rights of Persons with Disabilities \(CRPD\) Article 1 – Purpose](#)'.



WE LOOK FORWARD TO RECEIVING YOUR EOIs!

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For any questions that are not covered by this Challenge Handbook, please email us at hif@elrha.org, referencing 'Incontinence Management Challenge' in the subject line.