# Equality and Non-Discrimination Handbook for CLTS Facilitators

**WSSCC**
WATER SUPPLY & SANITATION
COLLABORATIVE COUNCIL

GLOBAL SANITATION FUND

# About the Water Supply and Sanitation Collaborative Council

WSSCC is a United Nations-hosted organization dedicated to advancing Sustainable Development Goal (SDG) Target 6.2 on sanitation and hygiene. Established in 1990, WSSCC is devoted to sanitation and hygiene, paying special attention to the needs of women, girls and people in vulnerable situations. In collaboration with members in 150 countries, it advocates for the billions of people worldwide who lack access to adequate and equitable sanitation, shares solutions that empower communities, and operates the Global Sanitation Fund which, since 2008, has committed over US$ 119 million to transform lives in developing countries.

# About the Global Sanitation Fund

The GSF invests in behaviour change activities that enable large numbers of people in developing countries to improve their sanitation and adopt good hygiene practices. Established in 2008, the GSF is the only global fund solely dedicated to sanitation and hygiene, providing grants to community-based, government-supported programmes. A diverse network of stakeholders, including households, local governments, community-based organizations, NGOs, academic institutions and local entrepreneurs form vibrant sanitation and hygiene movements. Together, they help create the conditions for tens of millions of people to access adequate latrines and handwashing facilities and live in open defecation free environments.

# Acknowledgements

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# Acronyms

| | |
|---|---|
| CLTS | Community-Led Total Sanitation |
| EQND | Equality and Non-Discrimination |
| FUM | Follow-up MANDONA |
| GSF | Global Sanitation Fund |
| LSHTM | London School of Hygiene and Tropical Medicine |
| MHM | Menstrual Hygiene Management |
| OD | Open Defecation |
| ODF | Open Defecation Free |
| SGM | Sexual and Gender Minority |
| SIDA | Small, Immediate, Doable Actions |
| VDC | Village Development Committee |
| WASH | Water, Sanitation and Hygiene |
| WASHCOM | Water, Sanitation and Hygiene Committee |
| WEDC | Water, Engineering and Development Centre |
| WSSCC | Water Supply and Sanitation Collaborative Council |

The following icons are used as guides throughout this handbook.

| Legend | |
|---|---|
| 📋 | **FACILITATION TOOLS** |
| 💡 | **TIPS** |
| 📁 | **CASE STUDIES** |
| *i* | **INFORMATION** |
| ⚠ | **DO NO HARM** |

# Key terms

**Community-Led Total Sanitation (CLTS):** An integrated participatory approach to achieving and sustaining ODF communities. CLTS facilitates the community's analysis of their sanitation profile, defecation practices and their consequences, leading to collective action. Approaches where outsiders 'teach' community members are not CLTS in the sense of this handbook (Kar & Chambers, 2008).

**Do no harm:** The principle of 'do no harm' means that individuals and organizations responsible for implementing the intervention must take every precaution to ensure that people are not put at greater risk or made worse off through the intervention.

**Equality and Non-Discrimination (EQND):** The legally binding obligation to ensure everyone has equal enjoyment of her or his rights, no individuals or groups are treated less favourably and there are no detrimental impacts on individuals or groups such as those defined by ethnicity, sex, gender, language, religion, political or other opinion, property, disability, age, health status, and economic and social situation (adapted from De Albuquerque, 2014).

**Gender-Based Violence (GBV):** This refers to any act perpetrated against a person's will and based on gender norms and unequal power relationships. It includes physical, emotional, psychological, and sexual violence, as well as denial of resources or access to services and includes threats of violence and coercion. Certain groups may be particularly at risk of GBV: older persons, persons with disabilities, adolescent girls, children, SGM persons and female heads of household.

**Incontinence:** The inability to fully control urination and defecation.

**Marginalized individuals and groups:** People who are systematically denied opportunities and resources that are available to other members of the community (including water and sanitation service provision) because of their exclusion from social, economic, cultural and political life due to who they are, where they live or what they believe.

**Menstrual Hygiene Management (MHM):** The way women and adolescent girls deal with menstruation associated hygiene. Good MHM requires: a) availability of hygienic, affordable, age appropriate menstrual hygiene protection materials, b) environmentally friendly and hygienic collection and disposal systems, c) accessible sanitation facilities providing safety and privacy, d) access to soap and water and sufficient space for changing and washing, e) opportunities for dialogue with girls, boys, women and men, and f) creating positive norms and breaking down myths (Roose, Rankin & Cavill, 2015).

**Natural Leaders:** Activists and enthusiasts who emerge and take the lead during CLTS processes, driving their community to end OD and ensuring everyone can access adequate sanitation and hygiene. Men, women, youths and children can all be Natural Leaders (Kar & Chambers, 2008).

**Open Defecation Free (ODF):** When no faeces are exposed in the open environment or can cause oral contamination. Different countries have varying ODF definitions, but it generally entails: a) there being no faeces in the open, b) everyone using a basic latrine[1] (as per the JMP service level definition) and c) there being a handwashing station with water and soap (or soap substitute, such as ash) near the latrine.

**People who are 'potentially disadvantaged' or who 'may be disadvantaged':** In the context of CLTS, this includes individuals and groups who may be vulnerable, marginalized, excluded or actively discriminated against, or experiencing inequities, inequalities or stigma. People who may be disadvantaged can have the capacity to build a latrine on their own, have access to family members that can support them or need additional support from others.

**Sexual and Gender Minorities (SGM):** People who identify as gay, lesbian, bisexual, transgender, intersex (people with genitalia and/or chromosomes that do not fit typical definitions of male or female bodies), having another identity which is not solely heterosexual or man/woman. Other terms include 'non-binary' or 'gender fluid'.

**Small, Immediate, Doable Actions (SIDAs):** Relatively simple and quick actions that move a community towards ODF status. SIDAs should never be instructed by outsiders but rather initiated and led by triggered community members through a facilitated process.

**Stigma:** A process of dehumanizing, degrading, discrediting and devaluing people in certain groups. It is often based on a feeling of disgust and attaches itself to an attribute, quality or identity that is regarded as 'inferior' or 'abnormal'. Stigma is based on an 'us' and 'them' mindset, which aims to confirm the 'normality' of the majority through the devaluation of the 'other'. It is used as 'justification' so that discrimination is seen as natural, necessary and desirable.

**Triggering:** A process of realization by communities that OD is causing them to unknowingly ingest each other's shit, prompting them to improve their sanitation and hygiene behaviours. Central to triggering is provoking strong feelings of shock, shame and disgust, which is why the most graphic terms (e.g. 'shit') are used – including this handbook. Triggering can also refer to the facilitated meeting with communities. In the context of this handbook, the term 'triggering meeting' is used to distinguish this specific event from the triggering process as a facilitated means to ignite behaviour change more generally.

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[1] A basic latrine covers improved sanitation facilities that are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact and include: flush/pour flush to piped sewer system, septic tanks or pit latrines;

Women at a triggering meeting in Nigeria. © United Purpose/Jason Florio

# 1 INTRODUCTION

Community-Led Total Sanitation (CLTS) or similar collective behaviour change approaches aim for a whole community to end open defecation (OD) sustainably and on their own terms.[2] This includes people who may be unable to build, use and maintain sanitation and hygiene facilities on their own, have less confidence or voice in community decision-making processes, or face active discrimination within the community.

It is often assumed that CLTS is automatically equitable because everyone must have access to and consistently use latrines with handwashing facilities before open defecation free (ODF) certification is possible. However, gaps can occur and CLTS facilitators must do more to anticipate and address the needs of people who may be disadvantaged to ensure they are not left behind or face greater risks to their safety and dignity because of the intervention.

Drawing on insights from the sanitation and hygiene programming, and the WASH sector more generally, this handbook offers guidance on how CLTS facilitators can proactively integrate equality and non-discrimination (EQND) into their work with communities.[3] First, it provides a brief introduction to EQND concepts and principles within the context of CLTS. Second, a step-by-step guide on integrating EQND into each phase of the CLTS process – pre-triggering, triggering and post-triggering follow-up – is outlined with tips, tools and case studies. It also includes a more specific set of 'do's and don'ts' for supporting different groups of people who may be disadvantaged and an example Code of Conduct .

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[2] Similar approaches include, for example, Community Approaches to Total Sanitation (CATS).
[3] This manual draws on the findings and recommendations of the EQND Scoping and Diagnostic Study of GSF-supported programmes (House, Ferron & Cavill, 2017a).

## 1.1 EQND and human rights in the context of CLTS

EQND means that everyone can fully enjoy their right to adequate and safe sanitation and hygiene, and that CLTS interventions do not treat different individuals/groups less favourably or cause a detrimental impact on their well-being and dignity, either advertently or inadvertently. CLTS can be a powerful tool for reducing inequality, facilitating active participation, (re)igniting community support systems, and creating spaces for people who are usually considered disadvantaged to speak up, act and challenge stigmas.

However, CLTS is not automatically inclusive. Because it is rooted in collective community action, and not everyone within a community has the same means and decision-making power as others, implementing CLTS without a proactive consideration of EQND can result in people being left behind. Where individuals and groups face active discrimination, it can even jeopardize people's safety, dignity and rights.

Integrating EQND means that facilitators must take deliberate steps to ensure that the CLTS process is equitable. This involves recognizing from the outset that inequality exists within communities and that to ensure fairness people who are potentially disadvantaged may require different levels of support to fully participate. CLTS facilitators need to figuratively wear 'EQND glasses' to see people who may be disadvantaged as part of the whole community.

**FIGURE 1** **EQND glasses**



People who may be disadvantaged

Social inclusion/ exclusion

(House, Ferron & Cavill, 2017b)

Proactively integrating EQND into each stage of a CLTS intervention is critical for aligning with a human rights-based approach, recognizing that everyone, everywhere (**'rights holders'**) has inherent rights and that governments (as the main **'duty bearer'**) have the legal responsibility to respect, protect and fulfil these rights for all people. Other actors, such as NGOs and the private sector, have responsibilities as **'secondary duty bearers'** to support this process. Adequate and equitable sanitation is a distinct human right and part of the Sustainable Development Goals.

## 1.2 Why integrate EQND?

- **Adequate and safe sanitation and hygiene is a human right:** Everyone, everywhere has the right to adequate and safe sanitation and hygiene without discrimination.
- **More rapid results:** Inequality and disadvantage are two of the most significant obstacles to reaching ODF status. A greater focus on EQND can significantly enhance the quality of CLTS facilitation, more effectively catalyse community-based support systems and enable ODF status to be reached more rapidly.
- **Enhanced sustainability:** For numerous reasons, individuals or groups who may be disadvantaged are often those most at risk of reverting to OD. More focus on the needs of these people from the outset is a key factor in addressing 'slippage' from ODF status.[4]
- **Minimal costs:** Most EQND-focused adjustments to enhance CLTS planning, facilitation and monitoring can be inexpensive or free.
- **To avoid perpetuating inequalities:** Paying closer attention to power dynamics within communities can help facilitators avoid situations where inequalities are entrenched.
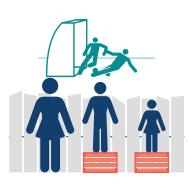
**SDG Goal 6.2 – By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation,** *paying special attention to the needs of women and girls and those in vulnerable situations.*

*"The human right to sanitation entitles everyone, without discrimination*, **to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity."**

(UN General Assembly Resolution 70/169, 2015)

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[4] Slippage broadly refers to a reversion to previous unhygienic behaviours, or the inability of some or all community members to continue to meet recognized ODF criteria. For more on definitions, nuances, and addressing slippage, see Jerneck, van der Voorden, and Rudholm (2016).

## Understanding equality



In this image, all three people have been given **an equal sized box** to stand on.

But this has **not resulted in an equal outcome** for all three people as one of them still cannot see the game.

Equality of outcome does **not always result from treating people equally.**

In this image, the three people have been given boxes relative to their height. A box has not been given to the tallest person and instead two have been given to the smallest person.

This is an **equitable or 'fair' distribution** of the boxes and has resulted in the **equal outcome** that all can watch the game.

The action of redistributing power or resources within the group when barriers persist is also known as **'affirmative action'** and is more likely to result in **equality of outcomes**.

In this image, the barrier that stopped all three people seeing the game equally depending on their height (or ability to see over a specific height barrier) has been removed.

**Removal of the barrier** has led to **equality** in outcome and all being able to enjoy their rights to see the game without the need for additional support.

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# 2 KEY EQND CONCEPTS

## 2.1 Principles

Integrating EQND into CLTS processes begins with setting out key principles that establish acceptable attitudes and practices. The most important principles are summarized below.

| PRINCIPLE | INTEGRATION INTO PROGRAMMES |
|---|---|
| Recognize difference | • Recognize differences between people, including those who may find it more difficult to participate in the programme and those who may be excluded.<br>• Recognize the contributions different people, including people who may be disadvantaged, will bring to the process and the success of the community. |
| Do nothing about us without us! | • Involve people who may be disadvantaged throughout the CLTS process and in discussions on how to better involve and support them, as well as in establishing respectful terms that refer to any group.<br>• Collaborate with organizations representing people who may be most disadvantaged (e.g. people with disabilities, older people or children), seeking their advice and engagement through the programme. |
| Do no harm | • Take every precaution to ensure people will not be harmed through the programme, including inadvertently. Whilst it is understood that 'community problem, community solution' should remain core to the process, facilitators also have an ethical obligation to step in if initiatives pose a risk to the rights, dignity or well-being of people who may be disadvantaged. See **Table 1.** |
| Empower | • Promote confidence of those who are potentially disadvantaged through encouraging their active participation in community decision-making, including sharing their views and encouraging others to listen to them. Encourage them to become leaders and role models, providing support and capacity-building wherever possible. See **Figure 2** for the participation ladder. |

| PRINCIPLE | INTEGRATION INTO PROGRAMMES |
|---|---|
| Facilitate support where needed | • Encourage people to undertake tasks themselves, but also recognize where support is required to reduce risks, to help ensure continued access to, and use and maintenance of facilities for people who may be disadvantaged, and to contribute to the sustainability of ODF status.<br>• Facilitate support from the community as much as possible. If, as a last option, support from outside the community is facilitated, it should be provided transparently. When deciding who should be eligible, involve people who may be disadvantaged or representative groups. |
| Commit to building capacities | • Build capacities at all levels on how to integrate EQND into CLTS processes, building capacities of Natural Leaders and community leaders to better consider, involve and support people who may be disadvantaged. |
| Learn and improve | • Listen to people who may be disadvantaged and benefit from their skills. Share this knowledge with others. Continue to strengthen the programme, document successes and challenges, and learn. |
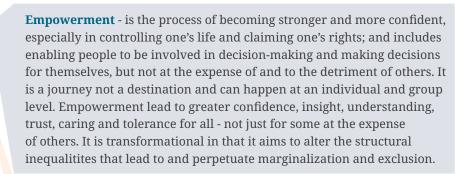
## The participation ladder

The participation ladder represents levels of power, influence and control. The aim is for people to reach the higher rungs of the ladder: informing or consulting is not enough.

**FIGURE 2** Participation ladder



**Empowerment** - is the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights; and includes enabling people to be involved in decision-making and making decisions for themselves, but not at the expense of and to the detriment of others. It is a journey not a destination and can happen at an individual and group level. Empowerment lead to greater confidence, insight, understanding, trust, caring and tolerance for all - not just for some at the expense of others. It is transformational in that it aims to alter the structural inequalitites that lead to and perpetuate marginalization and exclusion.

**Collaboration** - Implies partnership and working together to achieve mutually defined goals.

**Involvement** - Implies limited engagement in defining goals and the means to achieve them.

**Consultation** - Seeking community member's view points on proposals and plans that have already been drawn up

**Inform** - Information about previously devised plans is shared with the community.

(House, Ferron & Cavill, 2017a)

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**TABLE 1**   Integrating the 'do no harm' principle

| | |
|---|---|
| **Respect everyone equally** | • Be aware that personal prejudices can contribute to exclusion. Respect everyone and ensure their dignity, even if you don't agree with a person's lifestyle. Recognize that all are born free and equal in dignity and rights, and everyone is entitled to these without discrimination.<br>• Respect the beliefs of all but recognize that some practices do not respect the rights of others and should be challenged.<br>• Do not discriminate against or allow bullying, harassment or other mistreatment of colleagues or community members, e.g. passing negative comments because of a person's identity, background or beliefs. |
| **Use acceptable methods for influence** | Persuasion is a process of reasoning with and convincing others to change their attitudes or behaviour and is an acceptable method of influence when people are accorded free choice and given the option of disagreeing.  This includes the use of 'triggering' tools. For example, by explaining the benefits of hand-washing with soap such as smelling nice, health benefits, not eating each other's faeces, etc.<br><br>Coercion is when someone in a relative position of power seeks to control another using fear, force, threats, manipulation or intimidation and when individuals perceive that they have no choice but to comply. There are various forms of coercion that have different legal, social and ethical implications. Facilitators should never encourage the use of coercive methods by communities – especially if they disproportionately target people who may be disadvantaged. |
| | **Behaviour should not:**<br>1. Be exploitative, e.g.<br>   a. Demanding/suggesting sexual favours in return for support under the programme<br>   b. Asking for money/material compensation in return for programme support<br>2. Be manipulative (control a situation dishonestly), e.g.<br>   a. Making false promises in exchange for desired changes<br>3. Use or endorse coercion, e.g.<br>   a. Excessive use of fines<br>   b. Excluding people from their entitlements to services<br>4. Use or endorse violence or physical threats, e.g.<br>   a. Evicting someone – even temporarily – from their home<br>   b. Threatening that someone will be arrested or put in jail<br>   c. Beating and physical abuse |

**TABLE 1** Integrating the 'do no harm' principle (continued)

| | |
|---|---|
| **Be conscious about power dynamics and risks of violence** | • Be aware that unequal levels of power and influence exist in all communities, and marginalization and exclusion of a group by the wider community may be considered normal.<br>• Establish safe ways to communicate with and involve people who may be excluded and marginalized, so they are not further stigmatized or made more vulnerable to violence.<br>• Access to sanitation and hygiene is not the root cause of violence (power differences between people is). However, programmes can inadvertently increase vulnerability to violence (physical, sexual, psychological or sociocultural). Be aware of vulnerabilities to violence that different people may face and consider ways to reduce them when supporting the community through the CLTS process. For example, by:<br>   a. Ensuring that children are not put at risk by allowing them to be violent towards others (e.g. throwing stones) or through community sanctions such as blowing whistles at someone practising OD.<br>   b. Always consulting with women and girls on siting, usability and feelings of safety when making decisions about the location and design of public toilet facilities.<br>   c. Being aware that women and people from minority groups may be ignored or 'shut down' when sharing opinions or criticized for taking leadership roles.<br>• Violence occurring as part of the CLTS programmes is never acceptable and incidents should be responded to seriously. |
| **Be transparent** | Be as transparent as possible about programme decisions and seek input and direction from community members wherever possible. |
| **Ensure people's rights to privacy** | Ensure confidentiality and people's right to privacy. Show discretion when dealing with individuals who may face (further) stigmatization and marginalization. For example:<br>   a. Don't display sensitive health information on a public map.<br>   b. If a person asks you not to disclose personal information they share with you, then don't. |
| **Do not allow the shaming of individuals or groups** | Shame involves feelings of humiliation, distress or indignity caused by the consciousness of wrong behaviour. While shame is not typically a primary motivator in CLTS, it often derives from disgust felt by community members upon realizing they are eating/drinking each other's shit due to OD. Disgust involves feelings of revulsion. Shame, on the other hand, can mean mutually shared feelings of guilt over practices considered disgusting, or more negatively, causing others to feel humiliated.<br>   – Shame can sometimes be useful if: a) disgust is the primary motivator, b) it is derived from a self-realization or self-critique at the individual and community level, c) it is directed at the practice/implications of OD, rather than at individuals, d) corresponding positive feelings (e.g. pride, self-respect and dignity) are also reinforced during the process. |

| | |
|---|---|
| **TABLE 1** Integrating the 'do no harm' principle (continued) | |
| | – Evoking shame is not acceptable if: a) it is an externally imposed humiliation by the facilitator lecturing on what is good and bad, or b) it leads to community members stigmatizing or bullying individuals.<br><br>Facilitators will need to judge whether shame is leading to people who may be disadvantaged being bullied and harassed – especially during charged discussions between community members – and be prepared to step in (Musembi & Musyoki, 2016). |
| **Establish and implement a clear Code of Conduct** | Programmes should require all people involved (staff, partners, facilitators and community volunteers) to sign a Code of Conduct (or minimum standards of behaviour/code of behaviour) outlining their obligations to treat people with respect and not abuse positions of power.<br><br>Each programme should also be required to establish a reporting and response mechanism through which staff, partners and community members are encouraged to report suspected malpractice or infringement of the Code of Conduct.<br><br>A sample Code of Conduct is available in **Annex I**. |
| | **Abuses of power should be responded to seriously**<br>Partner organizations should be expected to respond to abuses of power seriously, including disciplinary action, dismissal from employment and, if a criminal offence has occurred, reporting to the police. Where appropriate actions are not taken, there should be a clear process for investigating abuses, reviewing response systems and, if necessary, suspending activities and funding. |
| | As well as minimum standards of behaviour to prevent different forms of violence by staff, including sexual exploitation and abuse, standards should be included to prevent the misuse of funds or other corrupt practices, e.g.<br>a. Misusing funds or other programme resources<br>b. Taking any form of payment from community members for personal gain, including through the provision of interest-based loans |
| **Monitor and encourage feedback** | Learn from people who may be most disadvantaged and establish processes for feedback to staff and partners. Ensure that field staff seek and are open to feedback from them and other community members.<br><br>Monitor the processes, outcomes and impact for those who are potentially disadvantaged. This includes using disaggregated data in routine programme monitoring and including the situation of people who may be the most disadvantaged within ODF verification and certification criteria. |

## 2.2 Determining disadvantage

This handbook has adopted the term 'people who may be disadvantaged' (or 'potentially disadvantaged') to refer to **individuals (adults, children, and adolescents) and groups who may be vulnerable, marginalized, excluded or actively discriminated against, or experiencing inequities, inequalities or stigma.**[5]

### *i* Who defines disadvantage?

In many cases, communities will have a deep knowledge and appreciation of who may be considered disadvantaged. It is vital that communities are involved in identifying who might need support. However, facilitators must be aware that inequalities exist within all communities, some individuals and groups may still be discriminated against, and different forms of vulnerability may be unacknowledged by the community.

In practice, facilitators will need to combine their own analysis with the community's. The 'clusters of disadvantage' framework provides a useful guide for facilitators to build their own knowledge, and points for discussion with communities to ensure that vulnerable individuals and groups are not overlooked. However, the clusters of disadvantage diagram (Figure 3) is likely too cumbersome to use at the community level. It is intended for use as a reference point for facilitators' own reflection and analysis as they work with communities.

The qualifiers 'potentially' or 'may be' reflect that not all people in the categories of individuals or groups described may be in a disadvantaged position and not all people you may consider 'vulnerable' will appreciate being considered so.
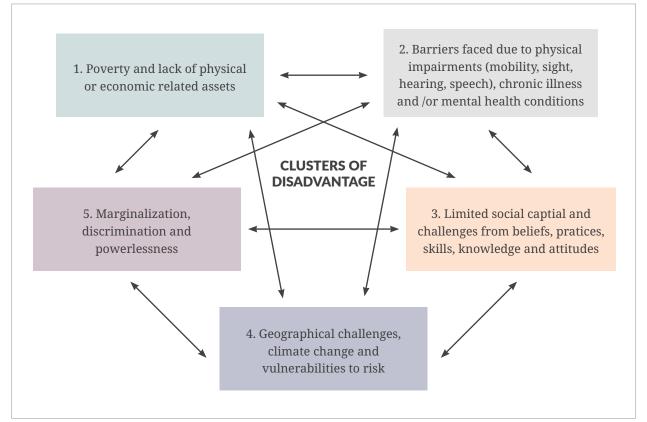
**The purpose of identifying who may be disadvantaged in a community is threefold:**
– To be aware of who might not be able to construct, access, use or maintain a latrine without support from others.
– To reduce risks for the most disadvantaged that may make them more disadvantaged, such as selling their limited assets to construct a latrine, making them less able to cope with future threats.
– To be able to monitor the impact of the process on people who might be considered disadvantaged and ensure their inclusion and participation.

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[5] The use of this term was recommended in the GSF EQND Scoping and Diagnosis Study (House, Ferron & Cavill, 2017a) and is based on the definition adopted by the Special Rapporteur on the Human Right to Water and Sanitation (De Albuquerque, 2014).

## 2.2.1 Clusters of disadvantage framework

Who is considered disadvantaged (or what is defined as disadvantage) will vary from context to context. Facilitators will need to assess with communities what factors determine who may be disadvantaged or at risk of becoming so.

**FIGURE 3**  The 'clusters of disadvantage'



```
1. Poverty and lack of physical          2. Barriers faced due to physical
   or economic related assets               impairments (mobility, sight,
                                            hearing, speech), chronic illness
                                            and /or mental health conditions

                    CLUSTERS OF
                    DISADVANTAGE

5. Marginalization,                       3. Limited social captial and
   discrimination and                        challenges from beliefs, pratices,
   powerlessness                             skills, knowledge and attitudes

              4. Geographical challenges,
                 climate change and
                 vulnerabilities to risk
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(House, Ferron & Cavill, 2017a) adapted from Chambers, R. (1983). Rural Development: Putting the Last First. Harlow: Prentice Hall.
Retrieved from https://opendocs.ids.ac.uk/opendocs/handle/123456789/178

The 'clusters of disadvantage' diagram helps CLTS facilitators and trainers understand the different factors of disadvantage that can affect an individual or group's ability to access, use and maintain a latrine through the CLTS process.

**While using this framework, note that:**

– Clusters overlap and affect other clusters – no one factor is isolated from the others.
– No arrangement of clusters will provide a perfect solution to simplify what is a complex array of factors.
– People who fall into more than one cluster are likely to be the most disadvantaged and are likely to consistently fall under multiple clusters. For example, in some contexts, people who are poor are the most likely to live in environmentally precarious areas, putting them at a 'double disadvantage'.

## TABLE 2

| DISADVANTAGE CATEGORY | EXAMPLES OF FACTORS WHICH AFFECT LEVEL OF DISADVANTAGE | EXAMPLES OF GROUPS WHO MAY B INCLUDED IN THIS CATEGORY |
|---|---|---|
| **1. Poverty and lack of physical or economic assets** | • Difficulty making a living adequate to support family<br>• Limited economic assets (savings, land, property, livestock)<br>• All family members work including children<br>• Work is based on low-paid daily labour<br>• Dependency on social security (disability or senior citizens allowance) | • Widows<br>• Older-headed households with no family support<br>• Orphans and child-headed households with no adults to support them<br>• Women-headed households<br>• People living on the streets<br>• People working in risky or dangerous income generating activities (e.g. sex workers, informal labourers, people living/working on refuse dumps) |
| **2. Physical or mental health related difficulties** | • Adults unable to work due to illness or disability (physical or mental)<br>• Adults unable to physically construct a latrine<br>• Adults or children with mental health conditions who can't understand the logic of the need to stop OD<br>• Migration of active adults (leaving less physically able family members) | • People with incontinence – including fistula<br>• Older people with mobility limitations or people with disabilities who are unable to use a toilet without accessibility features<br>• Pregnant and lactating women and girls |
| **3. Limited social capital and challenges from beliefs and practices** | • People adversely affected by beliefs and practices<br>• Limited skills and knowledge or problematic attitudes<br>• Limited or no access to social networks | • Adolescent girls and women, especially those with restrictions when menstruating<br>• People who have albinism (vulnerable to violence due to traditional beliefs)<br>• People who abuse drugs or alcohol |
| **4. Geographical challenges and vulnerability to risks** | • Community is remote and may lack access to markets or information<br>• Difficult ground conditions such as high water tables, rocky soils and sandy soils<br>• Lack of access to natural resources<br>• People living in low-income high-density informal settlements<br>• People affected by natural disasters<br>• People affected by conflicts | • High-density poor urban communities with limited services (squatters, people living in slums)<br>• Settlements not formally recognized by government<br>• People living in precarious environments, especially those that are vulnerable to climate change:<br>  – Riverine or low-lying areas affected by flooding<br>  – Arid/semi-arid conditions prone to droughts and/or desertification<br>  – Areas affected by deforestation<br>  – Areas affected by earthquakes<br>  – Areas affected by landslides<br>• Refugees and internally displaced people |

**TABLE 2** (continued)

| DISADVANTAGE CATEGORY | EXAMPLES OF FACTORS WHICH AFFECT LEVEL OF DISADVANTAGE | EXAMPLES OF GROUPS WHO MAY B INCLUDED IN THIS CATEGORY |
|---|---|---|
| **5. Discrimination, marginalization and powerlessness** | • Unequal power relationships within households and communities based on gender, age, disability and other factors<br>• Weak negotiating position with those in control, ignorant of the law, difficultly with obtaining employment<br>• Marginalized or minority groups<br>• People who need to be cared for or under the control of others | • People facing discrimination based on their race, ethnicity, nationality, language, religion, caste, political affiliation or other opinion<br>• People that have a precarious migratory status (economic migrants, displaced persons, refugees)<br>• Sexual and gender minorities<br>• Indigenous groups<br>• People living as slaves (ie. trafficked persons, including those in forced, bonded, and child labour) or who are working in vulnerable situations<br>• People living in care (orphans, people with mental health conditions, older people, people in prisons) |

Adapted from House, Ferron & Cavill, 2017a

## *i* Sex vs. Gender

**'Sex' and 'gender' are two distinct concepts.**
- Sex refers to the biological differences between men and women (chromosomes, hormonal profiles, internal/external sex organs) assigned at birth.
- Gender refers to the socially constructed roles of men and women, the relationships between them at a specific time and place, and expectations of their attitudes, behaviours and preferences (i.e. what is considered 'masculine' or 'feminine'). These roles, relationships and expectations are not fixed but can, and do, change. They are usually unequal in terms of power, freedom and status as well as access to and control over resources and assets.
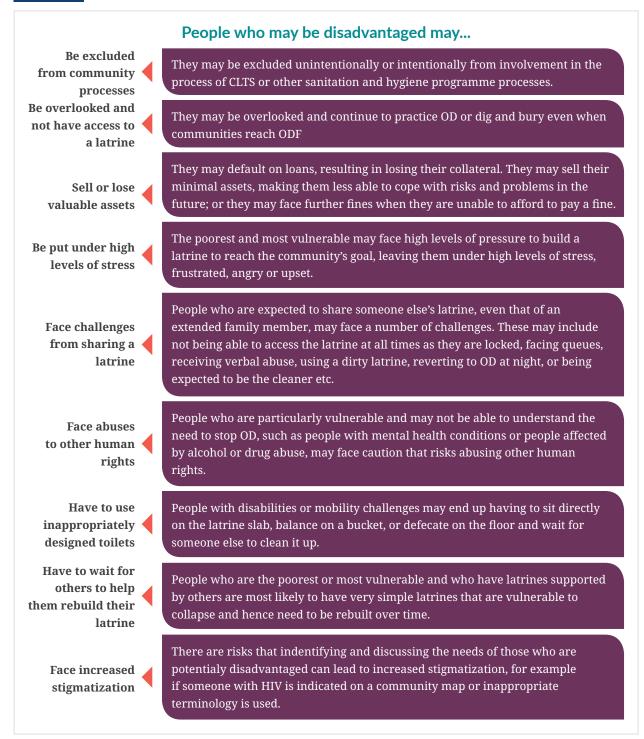
Gender identity refers to someone's personal experience of their gender. This can correlate with or differ from their assigned sex at birth and can fall outside the traditional roles and expectations of men and women. People whose sexual preferences or gender identity fall outside the norm are referred to as Sexual and Gender Minorities (SGM) and frequently face extreme levels of discrimination and stigma.

## 2.2.2 Risks of negative impacts for people who may be disadvantaged

It is very important to wear your 'EQND glasses' at all times and identify and support people who may be disadvantaged to ensure they can participate equally with others and to prevent the risk of negative impacts. Just because you do not automatically hear about the problems that some people face, this does not mean that problems are not happening. Figure 4 highlights different ways people might be harmed or face negative impacts.

**FIGURE 4**

### People who may be disadvantaged may...

| | |
|---|---|
| **Be excluded from community processes** | They may be excluded unintentionally or intentionally from involvement in the process of CLTS or other sanitation and hygiene programme processes. |
| **Be overlooked and not have access to a latrine** | They may be overlooked and continue to practice OD or dig and bury even when communities reach ODF |
| **Sell or lose valuable assets** | They may default on loans, resulting in losing their collateral. They may sell their minimal assets, making them less able to cope with risks and problems in the future; or they may face further fines when they are unable to afford to pay a fine. |
| **Be put under high levels of stress** | The poorest and most vulnerable may face high levels of pressure to build a latrine to reach the community's goal, leaving them under high levels of stress, frustrated, angry or upset. |
| **Face challenges from sharing a latrine** | People who are expected to share someone else's latrine, even that of an extended family member, may face a number of challenges. These may include not being able to access the latrine at all times as they are locked, facing queues, receiving verbal abuse, using a dirty latrine, reverting to OD at night, or being expected to be the cleaner etc. |
| **Face abuses to other human rights** | People who are particularly vulnerable and may not be able to understand the need to stop OD, such as people with mental health conditions or people affected by alcohol or drug abuse, may face caution that risks abusing other human rights. |
| **Have to use inappropriately designed toilets** | People with disabilities or mobility challenges may end up having to sit directly on the latrine slab, balance on a bucket, or defecate on the floor and wait for someone else to clean it up. |
| **Have to wait for others to help them rebuild their latrine** | People who are the poorest or most vulnerable and who have latrines supported by others are most likely to have very simple latrines that are vulnerable to collapse and hence need to be rebuilt over time. |
| **Face increased stigmatization** | There are risks that indentifying and discussing the needs of those who are potentialy disadvantaged can lead to increased stigmatization, for example if someone with HIV is indicated on a community map or inappropriate terminology is used. |

(House, Ferron & Cavill, 2017b)

2

Below are a few case study examples of challenges that people have faced. Other case study examples of the risks for people who may be disadvantaged are included in other sections of this handbook.

### Challenges and negative impacts for people who may be disadvantaged

**The following are real examples of challenges and negative impacts identified from CLTS interventions (House, Ferron & Cavill, 2017a):**

- Two older men put up their land as collateral for a loan to build their latrine. They were unable to re-pay their loans and lost the titles to their land.
- A family who were very poor and could not even always afford two meals a day sold their only piece of land to build their latrine. This risks making them more vulnerable.
- A woman did some work to build a toilet for her elderly mother. She has had to rebuild the latrine five times because it is built in sandy soils.
- A single man with sufficient land and property refused to build a toilet. He became aggressive and started carrying a grass cutting knife when he wanted to practice OD. He was approached by children from a children's club when he was open defecating and said he would kill them.
- A group of older women described how having to share their latrines with others, including their relatives, made them feel like second-class citizens. They were often expected to clean the latrine and if they complained about the lack of cleanliness were told angrily that they could go in the bush or build their own latrine. Others said there could be queues in the morning and the toilet was sometimes locked.
- Multiple very poor households visited were struggling to support their families, for example, where the adult male had a mental health condition, or the household head was an older woman or wife, who was struggling to work and also care for her children or grandchildren. In other cases, a teenage boy was the only earner. These families were still being pressured to build a latrine and no support had been offered.
- An old man who is 75 years old, had a stroke and could no longer walk, and had arthritis and cataracts, explained how he had to use a bucket near his bed. He often had constipation and found it difficult to balance on the bucket.
- Several women were met who were supported by the community committee in building a latrine but had to wait several years after the triggering meeting for this.
- Some women were not allowed to use the latrine that was also used by their father-in-law. In one household, the family had built a latrine to keep the daughter-in-law in the house (in seclusion). The other family members still went outside for open defecation.

## 2.2.3 A, B, C - Categories of disadvantage

It is important to recognize that some people who may be considered disadvantaged may be able to participate in the CLTS process, and to build, use and maintain their own latrines without additional support. Some people will not be able to do this unless encouraged and supported by family members, neighbours, community leadership or other community members.

In keeping with the CLTS spirit of self-help, mutual support, and individual and community empowerment, it is recommended that facilitators use a simple categorization system for people who may be disadvantaged: (A) those who can manage on their own; (B) those with financial resources or available family members to support; or (C) those who do not have either and therefore require support from the wider community. This categorization intends to help CLTS facilitators organize who may need more support, prioritize where energy needs to be directed, and be simple enough for application at scale.

**FIGURE 5**   A, B, C categories of disadvantage

### All who may be considered potentially disadvantaged

(vulnerability, marginalized, excluded or actively discriminated against, or experiencing inequities, inqualities or stigma)

| CATEGORY A | CATEGORY B | CATEGORY C |
|---|---|---|
| Those who are likely to be able to contruct, access and maintain a latrine themselves. | **Those who are not likely to be able to construct, access and maintain a latrine themselves but either:**<br><br>1. They have extended family members who can support them.<br><br>**OR**<br><br>2. They can afford to pay for the materials and someone to do the work. | **Those who are not able to construct, access and maintain a latrine themselves - and:**<br><br>1. They do not have extended family members who can support them.<br><br>**AND**<br><br>2. They would find it very difficult to pay for the materials and someone to do the work - and are at risk of having to sell some of their few assets if they do, potentially making them more vulnerable. |

(House, Ferron & Cavill, 2017a)

Atumika © WSSCC/Sarah House

'**Category A**' people may be disadvantaged in some respect but are able to construct, use and maintain latrines themselves. For example, Atumika, a grandmother looking after six grandchildren in Malawi, dug her pit and constructed the superstructure, which is almost complete, herself. (Note that some people who appear to be able to build their own latrines may still need or appreciate additional support. See 'Do no harm: When self-support can be harmful', **Section 3.4.4**)

'**Category B**' people are not able to build, use or maintain a latrine on their own but have resources or family connections to find help. For example, Sylvester is a pensioner from Nigeria who has difficulty walking due to an accident. Because defecating in the open was difficult, he had help from his children to buy materials and hire workers to build his latrine.



Sylvester © United Purpose/Jason Florio



Tabieni © WSSCC/Suzanne Ferron

'**Category C**' households are unable to build a latrine on their own and do not have sufficient financial resources nor family members that can support them. Help will need to be found outside the household. For example, Tabieni, who is from Malawi, doesn't know exactly how old she is but is currently looking after her three young grandchildren after their mother died. As her husband also died, the Village Development Committee helped her build a latrine.

© United Purpose/Jason Florio

# INTEGRATING EQND INTO CLTS FACILITATION STEPS

**3**

CLTS entails the facilitation of a community's analysis of its sanitation profile, including practices of OD and its consequences, leading to a collective decision to become ODF. CLTS focuses on igniting change in sanitation and hygiene behaviour for whole communities, rather than constructing toilets through external hardware subsidies. For more specific information on CLTS, as well as the phases elaborated in this handbook, readers are encouraged to first familiarize themselves with the CLTS Handbook (Kar & Chambers, 2008).

This section outlines how facilitators can practically integrate EQND into each stage of the CLTS process, beginning with some general 'do's and don'ts, then moving onto more detailed guidance, tips and case studies for the pre-triggering, triggering and post-triggering follow-up stages, including monitoring inclusion. It is also supported by additional guidance and tools in the annexes.

# General attitudes and behaviour for inclusive CLTS

## 3.1.1 General – Do's and Don'ts

| DO'S | DON'TS |
|---|---|
| Do be aware that sometimes your own biases can lead to inclusions/exclusions. Integrating EQND begins with the facilitator. | Don't assume that CLTS automatically meets the needs of the whole community. |
| Do acknowledge that there is inequality in all communities, disadvantage may be invisible to facilitators and community members, and that any barriers to participation need to be addressed. | Don't assume that the community will recognize who may be disadvantaged – they may feel it is 'normal' that some people are not included. |
| Do respect all members of the community and ensure their dignity, even if you don't agree with a person's lifestyle. | Don't ever use or condone threats or physical violence to coerce people to build and use latrines, and never ignore others using such tactics. Instead, persuade them to find other, more positive means to change behaviour. |
| Do consider the identification of people who may be disadvantaged as an ongoing process rather than a one-off activity and use every opportunity to assess whether some people might be excluded, in what way, and what can be done about it. | Don't reveal personal details during community discussions. Respect privacy and confidentiality. The safety and dignity of people who may be disadvantaged come first. |
| Do involve and empower people who may be disadvantaged as active participants in the CLTS process (e.g. becoming Natural Leaders or WASH committee members). | Don't use stereotypes or stigmatizing language. |
| Do proactively seek the perspectives and recommendations of women and girls when deciding on the location and design of public toilet facilities. | Don't consider vulnerability as an obstacle. People you might consider vulnerable or disadvantaged might be very resourceful and can become influential Natural Leaders. |
| Do use respectful language related to people who may be disadvantaged by consulting them about their preferred terms. | Don't ignore indigenous knowledge. |
| | Don't interrupt potentially disadvantaged people as they speak. Listen carefully to what they have to say. |
| Do collaborate and advocate with others along the sanitation supply chain to incorporate EQND, such as masons, sanitation marketers and loan-giving bodies. | Don't prescribe solutions but facilitate discussion and debate about the issues of EQND, highlighting harmful practices that might exclude people. |
| Do seek out the expertise of local organizations working on EQND issues, such as those advancing the needs, priorities and voice of people with disabilities, older people, children and women. | Don't assume that sharing a toilet with another family or extended family members (even when living in the same compound) provides adequate privacy and dignity for all family members. |
| | Don't assume that people will be aware of options for making toilets more accessible for people with disabilities or mobility limitations. |

Adapted from House, Ferron & Cavill, 2017a

## 3.1.2 Do's and Don'ts for specific groups

**Specific do's and don'ts for different groups are elaborated in Annex V. These include:**

- People with mental health conditions
- The poorest people
- People with physical disabilities or mobility limitations
- Older people
- Infants and children
- Men and women
- Marginalized, minority or excluded groups
- Sexual and gender minorities (SGM)
- People living with HIV/AIDS
- People with incontinence



**Joseph next to the latrine that he uses – he has to walk along a path to reach the latrine and would prefer one nearer to his house.** *© WSSCC/Sarah House*

## 3.1.3 General – Do no harm

> ⚠️ **Using respectful terminologies**
>
> Using respectful terms to refer to individuals and groups who may be disadvantaged is one of the critical first steps for addressing EQND. Using demeaning language or not asking them what terminology they prefer is disempowering, reinforces discrimination and runs contrary to the principle of 'do no harm'. Some guidance on using respectful terminologies:
>
> **1. Establish a set of appropriate and respectful terminologies in each country and context**
>
> This must be done in the international language and all local languages. Programme staff need to be mindful of the fact that even if appropriate and respectful international or national terms are agreed, there may not be a comparative word in the local language and hence inappropriate words may still end up being used.
>
> **2. Remember the golden rule: "Nothing about us, without us!"**
>
> Ask community members who may be disadvantaged, or organizations that represent them, what terms they consider acceptable: Do they prefer 'deaf' or 'hearing impaired' or 'person with a disability' to other terms? What works best in the local language?
>
> **3. Put the person first**
>
> Put 'a person…' before the disadvantage or aid. For example, instead of saying "disabled person", say "a person with a disability" or "a person who uses… a walking aid, a wheelchair." This is likely to be more respectful.
>
> **4. Tone is important**
>
> Always use a respectful tone of voice that acknowledges others as equals. Avoid talking to people in a demeaning or patronizing way (e.g., talking to older people like children).
>
> **5. Be aware of differences of opinion**
>
> Some terminology is clearly unacceptable across contexts (e.g. retarded, dumb, crippled) but for other terms there may be differences of opinion. For example, in Nepal the WASH sector has been trying to be respectful and has been using the term 'differently-abled', but many people with disabilities and organizations representing them do not appreciate this term because it implies that they are not 'normal' but 'different'. Internationally, some people are promoting the use of 'hearing impaired' rather than 'deaf'. But a representative of an organization representing people who are deaf and hard of hearing (who is herself deaf) confirmed that the term 'deaf' is acceptable and that 'deaf' (where a person is not able to hear) is different to being 'hearing impaired' (where a person may be able to hear to some degree). Also, in the Philippines, guidance from the disability sector states that 'impairment' is not considered an acceptable term.

⚠ **People with mental health conditions**

The World Health Organization (WHO) characterizes mental health conditions as a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. Because people with mental health conditions are extremely vulnerable, facilitators need to be aware of the scale and nature of mental health conditions and understand what the appropriate steps are to ensure that 'do no harm' principles are upheld.

1. Mental health conditions are widely prevalent. There is a strong likelihood that there are people affected by mental health conditions living in communities you are working in.

2. Mental health conditions are extremely diverse. They can include depression, anxiety, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities (e.g. Down's Syndrome), developmental conditions (e.g. those on the autistic spectrum) and others. The type and severity of conditions can vary considerably, which affects to what extent those living with them can engage with facilitators and improve their sanitation and hygiene behaviour alone. The level of stigma and exclusion they face also affects their ability to participate meaningfully in the CLTS process and receive support from the wider community.

3. People with mental health conditions are some of the most vulnerable people in communities. Not only do they usually face extreme stigma and exclusion but they can also be vulnerable to high levels of physical and sexual violence. They are also among some of the poorest, often relying on family members (if available) for support.

4. It is essential that facilitators proactively ask, listen and learn about the situation and needs of people with mental health conditions to find appropriate ways of supporting them rather than assuming everyone has been reached (even in communities that have been declared ODF).

5. It is never appropriate to manipulate people with mental health conditions into stopping OD, nor support/agree to community sanctions that violate their rights (such as removing these people from the community to pass an ODF verification visit or bribing them, for example).

A full list of do's and don'ts for supporting people with mental health conditions during each phase of the CLTS process is presented in **Annex V.1**. (See also Cavill, England & Ferron, 2017).

# Integrating EQND into pre-triggering

### *i* Pre-triggering

- ✓ Experts from organizations specializing in EQND issues are consulted and involved
- ✓ The triggering team has diverse representation
- ✓ Representatives from groups that are potentially disadvantaged participate in the pre-triggering meeting
- ✓ People who may be disadvantaged are specifically invited to the triggering meeting
- ✓ The triggering meeting time and venue are accessible for people who may be disadvantaged or alternative arrangements for their participation are arranged

Pre-triggering involves the preparatory work that occurs before initiating the triggering meeting, namely visiting the target community and meeting local leaders to establish the date, time and venue for the meeting, and creating a context-specific facilitation strategy to quickly ignite behaviour change. It is important to never cut short pre-triggering: this stage is essential to achieving full community attendance at the meeting, analysing opportunities and challenges to reaching ODF status and is where EQND is first addressed at the community level.

This section goes through each step of integrating EQND into the pre-triggering stage.

## 3.2.1 Identification of EQND partners

Before going to the community, seek out organizations that specialize in supporting different types of people who may be disadvantaged, such as NGOs or CBOs that advocate for the rights and well-being of people with disabilities, women, children, older people or minority groups.

These organizations can provide useful advice on the vulnerabilities and risks that potentially disadvantaged people may face in a CLTS setting, how best to facilitate a discussion about EQND during triggering and follow-up meetings, what respectful terminologies should be used, any available technologies for increasing accessibility of sanitation facilities, and how support networks can be accessed. Involving members of these organizations in CLTS training sessions and during triggering and follow-up meetings with communities is recommended.

### Use caution when discussing disadvantage

If there is a history or expectation of subsidies in the community, many people may want to be considered disadvantaged to access subsidies – even if fully able to build latrines on their own.

Facilitators should be as specific as possible when discussing people who may be disadvantaged in the community. Avoid directly asking if anybody is 'vulnerable', 'poor', or 'disadvantaged', or asking if anybody in the community needs support. Doing so may invite everyone to claim they are disadvantaged and require external support.

Try to use context-specific descriptions that directly link people's ability to build, use and maintain a latrine. For example: "Is there anyone in this community having trouble walking, squatting, or seeing very well?" or, "Is there anyone that does not have any land to farm?".

## 3.2.2 Have an inclusive triggering team

The triggering team should be as diverse as possible. The involvement of dynamic facilitators representing groups who may be disadvantaged can encourage those who are often left behind or excluded to participate in the process.

**Good practice** – Have an inclusive triggering team

1. The triggering team should ideally be a 50/50 composition of men and women. As an absolute minimum, at least one woman must be represented on the team as an active facilitator.
2. Representation of minority groups in the triggering team is especially critical when dealing with contexts where they face active discrimination.
3. If there are people who use sign language or other means of communication, make sure that you also have a facilitator who is qualified in sign language to assist or, if this is not possible, make sure that someone in the community can communicate with that person, such as a family member, or through writing.



**Sunita and Thumka are dynamic 'triggerers' from Nepal.** © WSSCC/Sarah House

4. If there are people who speak a different language from the majority, it is advisable to have a facilitator who can interpret.
5. If possible, the triggering team should include members from organizations specializing in the needs, rights and priorities of potentially disadvantaged groups.

3

Engaging with community groups, such as women's groups or village saving and loan associations, can be an effective way to reach people who may be disadvantaged during pre-triggering. © WSSCC/Suzanne Ferron

## 3.2.3 Preliminary identification of people who might be disadvantaged

A greater understanding of who may be disadvantaged will be gained during the triggering meeting and post-triggering follow-up visits, when more subtle forms of disadvantage, including invisible inequalities, are likely to become clearer.

**Good practice** – Preliminary identification of people who might be disadvantaged

1. When first notifying community leaders to set up the pre-triggering meeting (e.g. by phone), suggest that people representing the different groups in the community (such as people with disabilities, older people, women and minority groups) should take part in the planning meeting with community leaders.

2. While getting to know the composition of the community, undertake a preliminary identification with the leadership and representatives of who may find it difficult to attend the meeting. Specifically ask about people with mobility challenges, such as older people or those with disabilities, and how the community is supporting them to attend.

3. Identify any people who may not be able to attend the triggering meeting, even with support. This includes people who are bed bound, away at school or travelling for work and agree on follow-up activities to ensure that the information from the meeting reaches them. Keep in mind that in some contexts people with disabilities may be hidden from the public by family members.

4. Try to understand some of the community's culture, the different groups within it, any barriers to people's engagement in the CLTS process and their willingness to stop OD.

5. Use community insiders' knowledge and your own about who may be disadvantaged (using the 'clusters of disadvantage' as a guide) and expertise from other specialist organizations, where possible, to identify any groups facing discrimination from the wider community that may require a separate triggering meeting in a safe place.

### 3.2.4 Specifically invite people who may be disadvantaged to the triggering meeting

People who may be disadvantaged and hence may usually be left behind, or whose exclusion is considered normal by the community, must be specifically requested to attend the meeting. It is not enough to request that 'everyone' attend the triggering meeting.

However, don't say things like, "Who is discriminated against in this community?" or "Who is excluded at community level?" – these may not be easy to understand and there may be negative reactions. Instead suggest that it would be "very good if people who may not come so regularly to community meetings, such as older people, people with disabilities and poorer families, are specifically invited and encouraged to come."

### Making CLTS more inclusive in Malawi

A randomized control trial carried out in Malawi aimed to find out if CLTS facilitators could change their practice to focus more on disability after a three day training added on to their basic training. On the last day of the training, the facilitators developed an action plan to identify additional pre-triggering, triggering and post-triggering actions that would help to make their work more inclusive. This included (amongst other things) specifically inviting people with disabilities to come to triggering sessions, marking households where people had disabilities on the community map, adding a squatting demonstration to the triggering meeting and suggesting design modifications for toilets. After the training and a period of CLTS implementation in the test and control villages (the control villages being those where CLTS facilitators had been given additional training), the outcomes were assessed. The findings suggested that this had made a difference, with a significant increase in awareness of the needs of people with disabilities and actual modifications made to toilets. Unintended benefits included the formation of some groups of people with disabilities at community level and links with community-based rehabilitation networks, and increased success rates for attaining ODF overall.

**Discussions with the authors suggested the following learning points:**
– At minimal extra cost in terms of time and resources, it was possible to improve awareness of disability issues and to illustrate changes in practice.
– More follow up with facilitators is needed to develop their confidence in engaging people with disabilities in the CLTS process and in making adaptations that are responsive to their specific needs.
– It may be useful to focus on training more experienced facilitators first who can then help to train others.
– Both facilitators and communities greatly overestimated the cost of making modifications for people with disabilities.

**Making CLTS more inclusive in Malawi** (continued)

– Care needs to be taken to ensure that the identification of people with disabilities does not lead to the reinforcement of stereotypes.

– It may be useful to provide a list of 6-10 specific design modifications that could be used as a facilitation aide for when people with disabilities have difficulty finding locally appropriate solutions themselves (see post-triggering follow-up).

See Jones, Singini, Holm and White (2016) for a full summary of the study methodology and results.

**Good practice** – Inviting people who may be disadvantaged to the triggering meeting

1. Identify specific categories when requesting that the community leadership make a special effort to invite people who may be disadvantaged to the triggering meeting: people with disabilities, older people, women and any other group identified by the community leaders and/or the facilitator.
2. Ensure community leaders agree on a mechanism for inviting these people to the meeting. One effective strategy is to leverage local organizations and people who are influential to spread the word to people who may be disadvantaged through household visits
3. Where the community's preferred triggering time coincides with school hours, a separate triggering for children may be needed later.
4. In cases where individuals and groups face extreme discrimination and a restriction on their rights, it may be necessary to arrange a separate triggering meeting. For example, in places where women have less freedom to speak out in public it is likely to be advisable to hold separate triggering meetings for men and women.
5. Never assume that all people who are invited will have the confidence to attend. Some may need encouragement and confidence-building to feel they can participate.
6. Don't forget to emphasize that domestic workers/helpers should also be asked to come to the triggering meeting – this will need to be emphasized to household heads.

### 3.2.5 Make the triggering meeting accessible and easy to handle

An accessible venue can make a significant difference in the number of people who attend. The proposed venue should be visited with community leaders and representatives of disadvantaged groups.

**Good practice** – Accessibility of triggering meeting

1. Consider the accessibility of the venue. Is it easy for people with mobility issues to travel to? Are people available to guide visually impaired people? For communities where households are dispersed over large distances, it may be necessary to arrange transportation for people with disabilities and older people or conduct multiple simultaneous triggering meetings in different areas of the community.

2. Ensure the venue is large enough to maximize everyone's participation. Is the area for drawing the community map large enough for everyone to see? Does the seating arrangement accommodate everyone and encourage people who may be disadvantaged to speak out?

3. Ask if there are people in the community who speak different languages from the majority. For example, sometimes older people (particularly older women) only speak their traditional language and not the national language. If this is the case, make sure that there are people present at the meeting who are willing to interpret for them.



A triggering meeting in Nigeria. © United Purpose/Jason Florio

4. If community leaders identify people with hearing impairments in the community, ensure they are invited along with someone (usually a family member) who can interpret.

5. Make sure the meeting is held at a time that ensures people can return home safely afterwards (i.e. before it gets dark).

6. Make sure the triggering meeting is also suitable for women or caregivers who have household chores, look after children, or care for family members who are bed bound or have disabilities. During the pre-triggering meeting, ask a woman representative what time is most suitable for women and caregivers to attend.

7. As previously mentioned, in cases where women are not able to speak freely in front of men, it may be more appropriate to hold separate triggering meetings for men and women.

## SECTION 3.3

# Integrating EQND into the triggering meeting

*i* **Triggering meeting**

- ✓ People who are usually considered disadvantaged sit at the front of the meeting to help maximize their participation
- ✓ People who may be disadvantaged are actively participating in triggering activities and contributing to community discussions.
- ✓ Accessibility and safety barriers of sanitation facilities in public places are identified and marked on the community map.
- ✓ Care is taken to ensure that people who may be disadvantaged are not further stigmatized through this process.
- ✓ Community ODF plans include specific actions, clear timelines and persons responsible for supporting people who may be disadvantaged to build, access and maintain their own latrines, as well as removing barriers to access and use of sanitation in public places.
- ✓ Natural Leaders include equal representation of men and women and involve individuals normally considered disadvantaged.

In addition to igniting collective commitments and action to end OD, the mass triggering meeting is the first opportunity to address inequality and disadvantage with the entire community. A few adjustments to how the meeting is facilitated can make a big difference in ensuring that people who may be disadvantaged can access, use and maintain safe sanitation facilities while empowering them to take charge of the process.

This section identifies key moments in the triggering process where EQND issues can be discussed with the community, and where the active participation of people who may be disadvantaged can be encouraged.



**A triggering meeting in Nigeria.**
© *United Purpose/Jason Florio*

### 3.3.1 Do no harm during the triggering meeting

It is critical that the triggering process does not stigmatize individuals or allow stigmatizing discussion to take place – especially when targeted towards people who may be disadvantaged or are facing active discrimination, which may be the reason they have no choice but to defecate in the open in the first place. The focus should be on the practice of open defecation as something collectively agreed as unacceptable, and not putting down, denigrating or shaming individuals. While community members are encouraged to debate and deliberate amongst themselves without being interrupted, if it becomes clear that disadvantaged individuals are being targeted, the facilitator must intervene.

Well-facilitated triggering tools are an opportunity for people who may be disadvantaged to participate in the community's self-analysis of their sanitation situation. Individuals who are normally left out should be asked to participate during facilitation of the triggering tools and invited to share their own analyses and proposals. Facilitators should encourage everybody to clap to appreciate their contribution. However, never force someone to speak who does not feel comfortable to do so.

⚠ **Publicly displaying sensitive status**

Do not assume it is good practice to highlight everyone who may be disadvantaged on community maps as it may lead to negative outcomes. Potential harm could include further stigmatization of individuals and families, or even put them in danger – especially people in minority groups facing active discrimination.

Facilitators should instead focus on mapping people who may be disadvantaged in the community when compiling the household register used during follow-up visits. This is more discrete and allows people who may be disadvantaged to discuss their situation more privately, but also to not be forgotten.

⚠ **Encourage participation**

The golden rule "Nothing about us, without us!' is not only for CLTS to focus on empowering people who may be disadvantaged but also important for preventing inadvertent harm. In many cases, facilitators may not be aware that they are limiting participation – especially where exclusion is culturally engrained and the lack of participation from people who may be disadvantaged is often considered normal in the community.

### Encourage participation (continued)

**Good practice**

1. Do not make assumptions or interventions on behalf of people without asking and involving them.

2. Do not isolate or set apart people who may be disadvantaged from the group during community activities. The exception is when discrimination or stigmas make it difficult for people to participate fully, in which case a separate session should be held.

3. Do not consider people's impairment as the obstacle; the obstacle is the barriers in the physical and social environments.

4. Do not interrupt people who may be marginalized when they speak.

5. Do not prevent people who may be disadvantaged from becoming Natural Leaders or joining community sanitation committees but rather encourage them to.

6. Always make a special effort to ask directly for the thoughts and opinions of people who may be disadvantaged during all community meetings and household visits, remembering not to put pressure on them if they're not comfortable speaking.



Loya from Malawi had polio as a child and now walks with a stick, but he can squat quite easily. He was among one of the first people triggered in the community and was very active in motivating his neighbours to use a latrine. However, because Natural Leaders in this case were appointed by the facilitator, Loya was overlooked.
© WSSCC/Suzanne Ferron

## 3.3.2 Introductions at the triggering meeting

**Good practice** – Introductions at the triggering meeting

1. Ask if everyone from potentially disadvantaged groups (as identified during the pre-triggering meeting) could make it. If it appears that the majority are absent, consider using proactive community mobilization (see **Annex III.2**).
2. Encourage people who are usually less likely to speak out (e.g. women, older people, people with disabilities) to sit in the front row. However, don't force them to if they feel uncomfortable doing this.
3. Encourage the community to listen to the views of all groups, including people they may not usually hear from, and gently encourage those people to speak out if they would like to. If these people do voice their views, facilitate encouragement from the rest of the community to build pride and recognize their value.
4. Make it clear that everyone's voice will be heard during the meeting. While emphasizing that you're there to learn from the experiences from the community – not to teach, lecture or tell people what to do – stress that you especially want to hear from the women, older people, people with disabilities and other people not usually heard from. At the start of the meeting, ask the community if they agree that everybody will be treated equally and listened to. If the community agrees, proceed with the meeting.
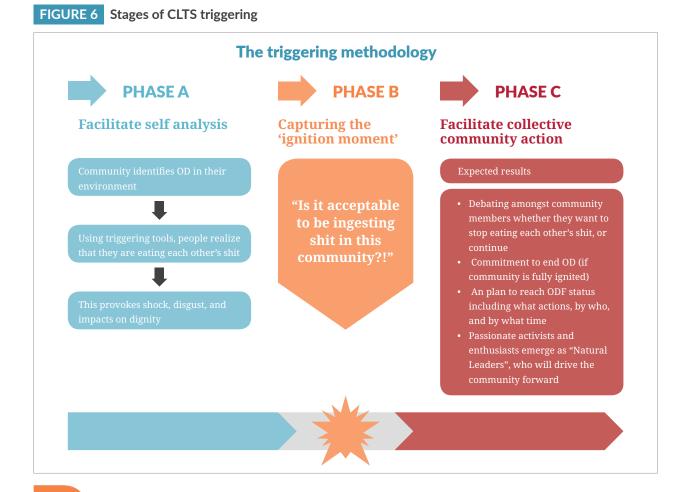
### Proactive mobilization

Proactive mobilization is an effective way to increase turnout, generate excitement before the triggering meeting, and help ensure that people who are usually left out are invited (and assisted) to the meeting. In Uganda, one approach, known locally as the 'General Ronnie' has been effective: if only a few community members come to a triggering (or follow-up) meeting, the facilitators may ask those present (or Natural Leaders) to form a line, then ask the rest of the community to queue up behind them. They lead their neighbours through the community, singing and dancing in a 'conga line' to muster as many people to the meeting as possible. They also ask each group leader if they know anyone not at the meeting who's older, lives alone, is poor or usually left out and if they would like to visit their homes to extend a special invitation as they move through the community.

(See **Annex III.2** for more details on proactive mobilization)

### 3.3.3 Facilitating using the triggering tools

The goal of using each triggering tool is to facilitate participants to identify shit in the open environment, identify how this shit is entering their mouths and evoke feelings of disgust, shock and shame (related to the practice of OD – not towards individuals). The methodology for triggering is summarized in the diagram below.

**FIGURE 6** Stages of CLTS triggering



**The triggering methodology**

**PHASE A**

**Facilitate self analysis**

Community identifies OD in their environment

Using triggering tools, people realize that they are eating each other's shit

This provokes shock, disgust, and impacts on dignity

**PHASE B**

**Capturing the 'ignition moment'**

"Is it acceptable to be ingesting shit in this community?!"

**PHASE C**

**Facilitate collective community action**

Expected results

- Debating amongst community members whether they want to stop eating each other's shit, or continue
- Commitment to end OD (if community is fully ignited)
- An plan to reach ODF status including what actions, by who, and by what time
- Passionate activists and enthusiasts emerge as "Natural Leaders", who will drive the community forward

**Strengthening specific tools in EQND**

**Transect walk:**

1. Wherever possible, select an open defecation area that is near the main venue and accessible for people who face mobility difficulties.
2. If it is not possible for everyone to access the OD area during the transect walk, leave one or two facilitators behind to continue building rapport with those remaining behind. When the community returns, ensure that one of the participants recounts every disgusting detail of the story back to the group.
3. If the group was not triggered during the transect walk, remember to bring shit back to the community map to facilitate other tools. Ensure that the people who did not come on the transect walk are encouraged to participate.

## Strengthening specific tools in EQND (continued)

### Other tools:

1. The **'thread and water'** and **'food and flies'** tools both rely on provoking feelings of shock and disgust through a visual demonstration of shit contaminating everyone's food and water. To accommodate those who are visually impaired and encourage more engagement from triggering participants, ask members of the audience to describe out loud what they are observing.

2. The **medical expenses** tool asks the community to calculate how much they cumulatively spend on treating diarrhoea and other diseases linked to poor sanitation and hygiene. This is an opportunity to ask participants if they think that some of their neighbours fall sick more often than others or pay much more for treatment as a proportion of their income. Ask if they think it is fair that OD is causing some people to suffer more than others.

### 3.3.4 Developing an action plan

If all or most of the community are convinced of the need to end OD, then the facilitator will ask what they plan to do about it. The community then develops an action plan to reach ODF status. This should focus on ensuring that people who may be disadvantaged will be identified and supported, including through specific actions, timelines and responsible persons.



**Women in Madagascar presenting their community's map and ODF action plan during the triggering meeting.** © WSSCC

### Good practice – Developing an action plan

1. The action plan should be as large as possible so everyone can see it clearly. If the community agrees on an action item, ask a volunteer to repeat it out loud so that people with visual impairments can hear.

2. Ensure that people who may be disadvantaged are actively contributing to the development of the action plan. Actively invite their input and ensure their suggestions are included.

**Good practice** – Developing an action plan (continued)

3. **It is important to ensure that the community is facilitated to agree that supporting those who may struggle to build on their own should be a priority in their action plan. For example:**
   - Ask: "Who's not here?" The community should identify any individuals or households that have not attended the meeting.
   - Ask about people that have difficulty walking, squatting or moving around. What solutions can be created locally at low or zero cost?
   - Ask how women and girls can be made to feel safer and have more privacy when using a latrine. How can they be involved in locating and designing new facilities or making adaptations to existing ones?
   - If they agree that the community wants to stop eating/drinking each other's shit, then confirm with them whether they also think it's important to help people who are unable to manage on their own. If so, ask if they should include it as an action point. Facilitators should encourage the agreed action to be as specific as possible.

4. Return to the community map and ask about sanitation facilities at public institutions such as schools, health centres, churches or marketplaces.
   - Ask people who face mobility difficulties if they think there are any ways to improve the accessibility of these facilities.
   - Ask women and girls how the community can make these facilities more comfortable and safer for them to use.
   - Ask volunteers from these groups to mark on the community map which facilities need improvement and if they think this should be added to the action plan.

## 3.3.5 Identifying Natural Leaders

Identify and recognize Natural Leaders who will be able to support and empower people who may be disadvantaged. This army of local sanitation champions are the community's most important asset for building responsive support systems for people who cannot access a latrine on their own.

**Good practice** – Identifying Natural Leaders

1. Ask if there are any volunteers willing to help those who are unable to build a suitable latrine on their own – either by offering small financial donations labour, transportation or construction materials.
2. Actively look for emerging Natural Leaders from groups that are usually considered disadvantaged, excluded or marginalized. Diverse representation of Natural Leaders helps to ensure that people who may be disadvantaged receive appropriate support, and to remind the facilitators to make future follow-up meetings more equitable and, most importantly, offers an opportunity to break down barriers and stereotypes and contribute to the empowerment of people who may be disadvantaged.

**Good practice** – Identifying Natural Leaders (continued)

3. Always aim for equal numbers of men and women as Natural Leaders.

4. Never exclude anyone as a Natural Leader. Placing limits on the number of Natural Leaders needlessly reduces the number of people willing to support their neighbours and can discourage people with less of a voice in community decision-making to speak up and volunteer.

5. Make sure that Natural Leaders are recognized by the entire community. It is important that Natural Leaders are appreciated by their neighbours and take pride in their decision to help those less able to participate build, access and maintain a latrine.

### The power of Natural Leaders

**Edwin, from Bekwarra local government area in Nigeria,** is shown sharing his community's ODF action plan and community maps. He was first a Natural Leader, then the chair of his community's Water, Sanitation and Hygiene Committee (WASHCOM), and is now the chair of the federation of WASHCOMs for the entire ward. He is a strong champion for ending OD, despite facing some mobility difficulties. Edwin visits a different community every week (sometimes even two or three) to help them achieve their own ODF plans. The WASHCOM federation also manages a revolving fund for the ward which can be used for any purpose.



Edwin © WSSCC/Sarah House



**Ngoma Village Development Committee**
© WSSCC/Suzanne Ferron

**Ngoma Village Development Committee (VDC) members in Katimbira, Malawi,** are active in supporting their neighbours to access latrines for their community to become ODF. They live along the Lake Shore in Malawi and noticed that the fishermen could not easily access a toilet. Due to sandy soils and frequent flooding, building a durable latrine in this area can be challenging and costly – especially for fishermen, who are transient, might come from outside the village and are likely to be among the poorest people. With the fishermen's help, they constructed a durable public latrine made of brick and local mortar, that can withstand flooding. They are planning on building another toilet exclusively for the women fish sellers.

> 🗀 **The power of Natural Leaders** (continued)
>
> **Razafindalana Raphael from Madagascar, also known as 'Dadabe' ('Grandad'),** is one of the oldest people in his village and had difficulties improving his latrine. He explained: "It will be difficult for me; I can no longer dig, deal with the mud, or fetch water. Plus I cannot afford the materials!" During a post-triggering follow-up visit, the community agreed that Dadabe needed help. Three energetic youths volunteered to fetch water, fill the latrine's slab, and build a handwashing station and drop hole cover. In only a few minutes, these Natural Leaders helped Dadabe make his own model latrine for others to replicate.

## SECTION 3.4

# Integrating EQND into post-triggering follow-up

### ℹ **Summary EQND checklist** – Integrating EQND into post-triggering follow-up

- ✓ The community's household register is reviewed with Natural Leaders and updated to include households that fall under A, B and C categories of disadvantage.
- ✓ 'Category C' households are visited by facilitators and Natural Leaders, so that people who are struggling to build their latrines can discuss their challenges and possible solutions.
- ✓ Also visit 'category B' households to check they are managing.
- ✓ Natural Leaders and other community members gain an appreciation of the barriers to building, using and maintaining latrines faced by households who are disadvantaged and are triggered to act.
- ✓ Natural Leaders support households which might be disadvantaged to conduct SIDAs to improve their latrines on the spot.
- ✓ Natural Leaders and households that may be disadvantaged are aware of, or come up with, local technology options that can increase the accessibility of their latrines.
- ✓ The community commits to providing support that may take additional time and effort and updates their ODF action plan with specific actions, dates and responsible persons to support struggling households.
- ✓ The accessibility and safety of sanitation and hygiene facilities at key institutions and public places (such as schools, health centres, market places and transport hubs) is discussed with the community and relevant staff/authorities and included in the action plan.
- ✓ People who may be considered disadvantaged are a leading voice in discussing challenges, coming up with solutions and planning future actions, and are recognized as Natural Leaders by the community.

Systematic post-triggering follow-up is essential for reigniting the community's energy to end open defecation. It is also where the bulk of EQND analysis, support and monitoring takes place. This is because as facilitators work more closely with Natural Leaders over repeated visits both gain a better understanding of the challenges different groups face and what can be done to help them.

It is therefore important never to rush follow-up visits – particularly when visiting people who might be disadvantaged. Allow enough time to listen to what they have to say.

This section outlines some key considerations and facilitation ideas for addressing EQND across areas covered during follow-up visits – 'do no harm', identifying people who need additional support, mobilizing community action and monitoring EQND.

## 3.4.1 Do no harm in post-triggering follow-up

Awareness is needed of the risks of doing harm to people who may be disadvantaged through the CLTS process and in particular through pressure placed on households by other community members. This is addressed in **Section 2.2.2** and also in this section, including when considering sanctions or punishments.

### ⚠️ Pressure to reach ODF status

On one hand, collective pressure to build and use latrines is an important element for reaching ODF status and establishing sustainable social norms that acknowledge everyone's right to a healthy and clean environment. On the other hand, overwhelming pressure directed at people who are struggling to build their own latrines due to their disadvantaged position can make them worse off, or even violate their rights, and can be counterproductive to reaching and sustaining ODF status.

**Examples of how pressure can harm people who may be disadvantaged include:**
- Increased stress and reduced motivation to participate.
- Selling key assets, such as land and livestock, in order to build a latrine, which can put the household in a more precarious position.
- Taking out risky, high-interest loans.
- Humiliation and stigma, such as displaying the names of people who are disadvantaged practicing OD.
- Physical threats and coercion, such as removing people who still practice OD from their homes to pass ODF verification visits, referring people to other services or offering them bribes that risk abusing their rights.

3

⚠ **Pressure to reach ODF status** (continued)

During post-triggering visits, facilitators need to pay special attention to who is being pressured and why. If people who are extremely disadvantaged ('category C') are being pressurized, attempt to channel the community's energy to reach ODF into supporting people who may be disadvantaged, such as donating construction materials or volunteering their labour. If no other options within the community are available, connect the person with any available external assistance.



A grandmother who lives in the Terai region of Nepal explains how her family and their own families all share a house with only one small piece of land. One of her sons has mental health issues and she looks after young grandchildren. She has bought two rings but can't afford to complete the latrine. She explained how she is regularly pressured by the people who come to her house and has received threats of being taken away by the police.
© WSSCC/Sarah House

ODF communities often decide to impose sanctions on households and individuals that continue to practice open defecation. Community sanctions in the form of coercion are not acceptable. Coercive practices directed towards people who are unable to build, use and maintain a latrine on their own put these people in an even more precarious position and are contrary to the empowerment-centred ethos of CLTS. Common strategies include the issue fines, use of public humiliation, for example the blowing of whistles by children and, in extreme cases, physical abuse.

While the motto 'community problems = community solutions' is the core principle of CLTS, facilitators must not condone sanctions as the only approach to achieve and maintain ODF status.

**The concept of evoking 'disgust' and 'shame':**

The concept of evoking a sense of 'disgust' and 'shame' is a core part of social norms change through CLTS. However, facilitators must recognize that this also carries potential risks and understand where the limits are (Musembi & Musyoki, 2016).

1. Understand the community's dynamics during the pre-triggering stage to get a better sense of how feelings of disgust and shame will be experienced by people who may be disadvantaged.

> ⚠️ **Pressure to reach ODF status** (continued)
>
> 2. Feelings of shame should never be externally imposed by facilitators, but rather emerge as a community-led self-critique of open defecation. It is never acceptable to humiliate individuals or groups or allow individual shaming of people who may be disadvantaged.
> 3. Be prepared to intervene in triggering meetings if heated discussions about continuing or stopping OD turn to blaming and humiliating people who may be disadvantaged.
> 4. Discourage the use of methods such as blowing whistles or putting up notices of people practising OD that target people who may be disadvantaged and who are unable to build or access a latrine on their own.
> 5. Children should never be involved in shaming or embarrassing others. This can put them at risk of violence and teaches a negative attitude towards others.
> 6. If sanctions are mentioned by the community attempt to dissuade their use. Instead, facilitate leaders'/members' understanding of the negative consequences of punitive measures and encourage the use of positive alternatives. For example, engaging in household visits to change behaviour, understanding barriers faced and, if needed, helping to improve access to a latrine.
>
> Under no circumstances should corporal punishment, exorbitant fines or public humiliation be supported.

## 3.4.2 Identify people who need support (i.e. 'category C' households)

**Good practice** – Identifying people who need support

**Discussing who may need support:**

1. Begin with meeting community leaders, representatives and Natural Leaders to review the action plan developed after triggering. Ask if the Natural Leaders have supported everyone the community identified as needing help in the action plan and how they are keeping track of these people.
2. Be extremely careful not to suggest that anyone that is having any difficulty building a latrine may receive outside support – especially if there are expectations for subsidies. Remember to be as specific as possible when identifying people who may be the most disadvantaged and use the community's own commitments to support their neighbours via the action plan as the starting point.

**Good practice** – Identifying people who need support (continued)

**Use of household registers:**

3. In many cases, the facilitator will need to suggest that Natural Leaders use a simple household list to track the sanitation status of their community, spot where people are falling behind, and decide where to focus collective action and follow-up visits. This household registry, together with the action plan, should be reviewed with Natural Leaders and community leaders during each follow-up visit.

4. Household registries should include information on the number of people in the household (specifying the age and sex of each person) and their level of sanitation and hygiene access. There should also be a separate space indicating to what extent the household could be considered disadvantaged using the A, B, C categories:

   a. Who should be able to manage by themselves?
   b. Who has family who can help them or funds to pay someone to build a latrine?
   c. Who has none of the above, and hence will likely need support from outside their immediate family/household or would otherwise become more vulnerable or face a lot of difficulty looking after their family because they have built a latrine?

5. An example household registry (community monitoring sheet) is presented in **Annex IV.**

6. It is encouraged to use the community's own household registry system, if available. However, some minor adaptations may be needed to include the above information.

7. A record of the community map drawn during the triggering meeting and/or government systems identifying households that are entitled to government support (if existing) can be used to start populating the household register with the support of Natural Leaders. Prioritize visiting households the community agreed may need extra support from the Natural Leaders.

**Follow-up visits:**

8. The first follow-up visit is an opportunity for the community to learn how to use the household registry. This includes identifying and marking households who may be most disadvantaged, with some requiring extra support. It is essential that this is accompanied by a clear, transparent and participatory process that the whole community can trust.

9. It is important to remember that it is probably not possible to identify all people who are particularly disadvantaged and will need support (households in 'category C') during one visit. Natural Leaders should periodically update the household register as they conduct their own household visits and review it with facilitators during subsequent follow-up visits.

> **Good practice** – Identifying people who need support (continued)
>
> **Involving community groups in the identification process:**
>
> 10. It is important to involve the feedback of trusted community groups – such as women's or youth groups, citizen's forums, elders and health workers – in this identification process, for example, by double checking conclusions on who needs support..
> 11. Don't rely solely on government systems for identifying people who may be disadvantaged – use them for guidance where possible but also involve community representatives to check and consider whether anyone has been missed.

## 3.4.3 Consider support options

For people identified as being particularly disadvantaged and unable to build or pay for their own latrine without becoming more vulnerable, consider what options may be available for them to access, use and maintain their own sanitation and hygiene facilities.

**In line with CLTS principles, the priority for support should be from:**

1. Themselves (doing it on their own)
2. Family members
3. Neighbours/wider community

Where this does not prove adequate, investigate whether external support is available (e.g. from government or local businesses).

**The sections below provide guidance on steps for facilitating support:**

- Step 1 – Analyse the barriers
- Step 2 – 'Trigger' a collective reflection on EQND
- Step 3 – Challenge the community to act – SIDAs
- Step 4 – Challenge the community to act – Bigger actions
- Step 5 – Investigate external sources for support

## 3.4.4 Facilitate support – Step 1: Analyse the barriers
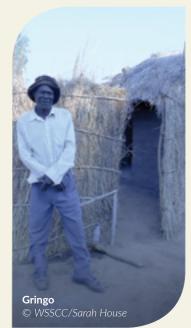
**Good practice** – Step 1: Analyse the barriers

1. Prioritize visiting people who might be disadvantaged to check how they're progressing and gain a better understanding of challenges they're facing, and whether they need any support. Visit people who are considered C, B and then A categories (in this order).

2. Use the household register as an initial reference to plan which households to visit. Keep in mind, however, that the register may not be complete and that it should be updated during household visits as facilitators and Natural Leaders gain a clearer picture of who might be most disadvantaged in the community.

3. Do not assume that just because a person may be disadvantaged they are unable or do not want to act for themselves and others. It is important to recognize their ability to make change and value their contribution to pushing the community to end OD.

4. Speak directly to people who might be disadvantaged and ask their opinions wherever possible rather than only speaking to their carer or family member.

5. Ask if they attended the triggering meeting and, if so, what they recall from the meeting and whether they made any personal commitments to themselves and their household. If they have not yet built a toilet or have trouble using and maintaining one, ask if they've received any assistance from their family or neighbours.

6. Based on the context, assess whether the household will be able to build and maintain a latrine on their own or has other financial means or family support to do so. If not, the facilitator will need to trigger the community to support these 'category C' households.

7. Do not directly help people who may be struggling to build, use or maintain a latrine, even though this may (understandably) be your first reaction. Remember that the process is community–led, not facilitator-led. Natural Leaders should always be the first to take the lead if the household needs support.

8. Look out for people who have made novel adaptations to their latrine that make it easier to use. Other households should be encouraged to visit to give them ideas to make their own more accessible.

9. Ask if they would like to share their own perspective with the wider community. This can include challenging their realities, experiences and lessons in gaining access to facilities that suit their needs.  To boost feelings of self-confidence, facilitators should encourage people who may be disadvantaged to share their successes and achievements and invite the wider community to recognize and applaud them.

## Self-support

'Category A' and 'category B' households are those with people who may be disadvantaged but have the capacity to build, use and construct sanitation and hygiene facilities that meet their needs – either on their own or with the help of their family.

- Kelvin (pictured with his wife) and his brother Paulycap are both visually impaired. They live together as a family with their wives, children and mother, who is also visually impaired. They built their own latrines because they didn't want to continue open defecation and stepping in other peoples' faeces which they cannot see. (Nigeria)
- Gringo, who has difficulty walking, built this latrine and washing area. He is now building another latrine for his daughter so that she will not walk in on him. (Malawi)
- Chadrick has built a latrine and a bathing shelter for his sister Dorothy who moves by crawling across the floor. He had built her a latrine before but the last one collapsed, so he built a new one with a small ramp at the entrance. (Malawi)



**Kelvin and his wife**
© WSSCC/Sarah House

**Gringo**
© WSSCC/Sarah House

**Chadrick and Dorothy**
© WSSCC/Sarah House

As observed above, however, facilitators should note that people may be too old or in too poor health to build their own latrines – despite their enthusiasm to start construction without any help. These individuals should be considered under 'category B' or 'C' and receive help from either their own family or other community members. Sometimes, even if family members can help, additional support may still be useful, for example to supply materials such as cement to make a floor smooth for someone who needs to crawl to get to the toilet.

## Specify the problem

When identifying access problems, avoid using vague words like 'inaccessible', 'not user-friendly' or 'not disabled-friendly'. Be as specific as possible in your description. For example, 'the door is too narrow, the path uneven, and pump handle too high.' The more specific your description, the easier it is to identify solutions.

## Latrine siting

Ideally, latrines should be no more than 15 metres away from the household. If you notice a latrine is sited or being constructed further than 15 metres away, check whether the household has any people with mobility difficulties. If so, ask how they find moving to and from the latrine. Ask women and girls how safe they feel using the latrine during the day and at night, and how this could be improved.

The distance from households to latrines should also be part of accessibility and safety audits (see **Annex III.3**).

## 3.4.5 Facilitate support – Step 2: 'Trigger' collective reflection on EQND

**Good practice** – Step 2: 'Trigger' collective reflection on EQND

For households that cannot build, use and construct a latrine using their own physical, social and financial resources, facilitators need to trigger the community to understand the barriers people face and mobilize themselves to offer support. This should involve community leaders, emerging Natural Leaders, and representatives of people who may be disadvantaged (remember: "Nothing about us, without us!") It is recommended that as many community members as possible also attend and participate.

**A variety of participatory tools are available to help CLTS facilitators raise awareness about EQND with communities. These should achieve three objectives:**

- Generate a common understanding of the barriers faced by people who may be disadvantaged in building, using and maintaining latrines and the risks and negative impacts they face if pressured to build a latrine when they are not able.
- 'Trigger' a collective realization that it is shameful for the community to stand idle while their own struggle to build, use and maintain a latrine that suits their needs. Dignity for one means dignity for all.
- Ignite ideas for community-based solutions to help people who may be disadvantaged.

## Example tools for triggering a collective reflection on EQND

### Squatting exercise

Through role play, community members identify the barriers that different people may face to using a toilet based on different factors such as age, impairment or pregnancy. (See **Annex III.4**)

### Accessibility and safety audits

Facilitate community and Natural Leaders to analyse toilet facilities from the perspective of accessibility and safety and particularly the barriers to use faced by people who may be disadvantaged. (See **Annex III.3**)

### 24-hour clock related to sanitation

Facilitate groups of female and male community members to analyse the different times of the day in relation to different sanitation-related responsibilities and actions. Compare male and female results. (See **Annex III.5**)

### Participation ladder

A participation ladder can be used to promote discussion on the level of participation of different members of the community, including groups who may be disadvantaged. (See **Annex III.9**)

### Gender and social inclusion analysis

Pictures of different groups of people within the community could be used to help the community to rank who is able to do certain tasks. For example, who is most/least able to speak in a community meeting or build their own latrine, etc. (See **Annex II.6**)

## 3.4.6 Facilitate support – Step 3: Challenge the community to take action – SIDAs

**Good practice** – Step 3: Challenge the community to take action – SIDAs

**Challenge the community to take action:**

1. When the community appears to reach a collective appreciation of the challenges people who may be disadvantaged may face in building, using and maintaining their latrines, ask 'triggering' questions that challenge the community. For example:

   "Is it acceptable to stand by and do nothing while your neighbours struggle with their latrines? Or does this community support each other in times of need?"

**Good practice** – Step 3: Challenge the community to take action – SIDAs (continued)

2. If triggered, the community should answer with a resounding "NO!"
3. Keep asking triggering questions, with growing enthusiasm, until the entire community is energized. This is the moment to ask:

   "If everyone agrees that this is unacceptable, then what do you plan to do about it?"

4. First, ask the community to brainstorm practical ways to support people who cannot manage on their own and do not have the financial resources or family members to leverage external support.
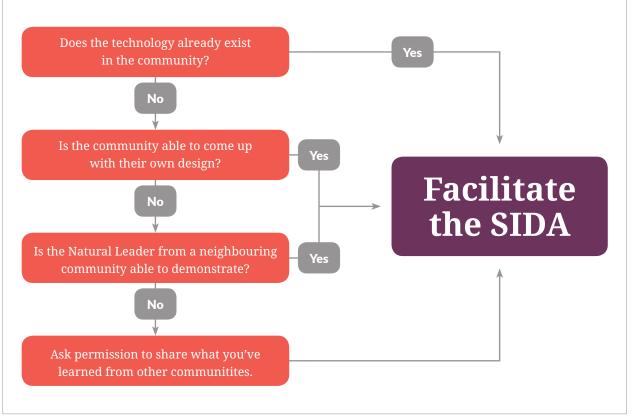
**Small, immediate, doable actions (SIDAs):**

5. For actions that are less time and resource intensive, such as small modifications to an existing latrine, facilitate small, immediate, doable actions (SIDAs).
6. The first goal of facilitating SIDAs is to carry out the needed improvements immediately. Ask how long it would take the community to complete the simple action they identified in a particular household (usually around 5-10 minutes).

**S** MALL
**I** MMEDIATE
**D** OABLE
**A** CTIONS

7. If the community suggest that they will make the improvements later, remind them you're only there to learn and it is up to them if they think abandoning their neighbour is acceptable.
8. Once one or more volunteers agree to carry out the action, remember that the second goal is to facilitate community-led skill transfer; it is important to ensure that everyone can observe how the SIDA is being completed so that they can help others on their own.
9. When the action is completed, confirm with the community that these actions are simple and quick. Too many messages and actions may raise the perceived level of effort required to help those who are least able, draining the community's enthusiasm. In some circumstances, it may be more effective to focus the first follow-up visits on one or two SIDAs and save the others for later sessions – or even better, trigger emerging Natural Leaders to facilitate this process themselves later.
10. As much as possible, solutions for improving the quality of latrines – including features to increase accessibility, safety and comfort for users – should first come from the community itself (see Figure 7). Do not assume  they are always aware of the possible adaptations  for making latrines more user-friendly and accessible, particularly for people who have mobility limitations or for women and girls using the latrines as changing rooms during menstruation. Be prepared to share locally appropriate technology options with communities, preferably using interactive and participatory tools (see 'local technology gallery', **Annex II.1**).

**FIGURE 7**  **Facilitating SIDAs**



Does the technology already exist in the community? — **Yes** → **Facilitate the SIDA**

**No** ↓

Is the community able to come up with their own design? — **Yes** → **Facilitate the SIDA**

**No** ↓

Is the Natural Leader from a neighbouring community able to demonstrate? — **Yes** → **Facilitate the SIDA**

**No** ↓

Ask permission to share what you've learned from other communitites. → **Facilitate the SIDA**

(WSSCC and FAA, 2016)



**Children during a follow-up meeting in Madagascar.** *© WSSCC/Patrick England*

## SIDA examples

- Removing any shit in the open
- Closing or cleaning OD areas
- Marking sites for new latrines that are always accessible
- Building light-weight fly-proof covers
- Building a simple user-friendly handwashing facility that can be operated by people that may have trouble moving their arms or legs
- Providing soap, ash or water for handwashing facilitates
- Discarding or covering anal cleansing materials
- Improving the pathway to the latrine (e.g. clearing obstacles, adding markers)
- Adding a guideline to the latrine for people who are visually impaired
- Using ash/smoke to remove flies

- Filling cracks or holes in latrine floor
- Cleaning latrines
- Collective action plans and targets
- Creating a task force of Natural Leaders
- Adding supports (e.g. hand holds) to assist squatting
- Raising the edge of the drop hole so people that are visually impaired can easily position themselves
- Improving the door and locking mechanism to improve privacy
- Adding a raised seat (movable or fixed)
- Adding clean water in a clean, covered vessel for MHM
- Adding a hook and shelf inside the latrine to help with MHM and make the unit more useable for all

## Local technology gallery

To prompt a discussion on the local technologies that can increase the accessibility of household latrines, facilitators and Natural Leaders can hang up photos of local technologies used in other communities to help spark ideas among community members about what they could do with their own latrines. Some of these can be done as SIDAs.

See **Annex II.1** for examples of local technologies for accessibility.

## 3.4.7 Facilitate support – Step 4: Challenge community to take bigger actions

**Good practice** – Step 4: Challenge the community to take bigger actions

1. For bigger tasks that cannot be done on the spot in a couple of minutes, the community should re-visit the action plan created during the triggering process to agree on what has been achieved, who specifically may need support, and what actions they need to take and by when.

   **Some examples of actions:**
   a. Community contributions of low-cost construction materials
   b. Volunteering to build an accessible latrine – in whole or in part
   c. Financial support through community solidarity or savings funds
   d. Involvement in income generation activities such as soap making

2. Encourage the community to consider how ongoing maintenance issues will be addressed. Who will support people who may be disadvantaged in rebuilding or repairing damaged latrines? What will happen when their pit fills up? Will they be able to receive affordable pit emptying services or will they be supported to build another pit/latrine? As women often carry the burden of household work, consider the gender implications for latrine maintenance. Encourage Natural Leaders to promote sharing facility cleaning duties when they follow up with individual households.
3. Actively identify emerging adaptations to latrines that can increase accessibility as well as the emerging community engineers/masons that can help adapt latrines for people who may be disadvantaged within, and beyond, their community.

3
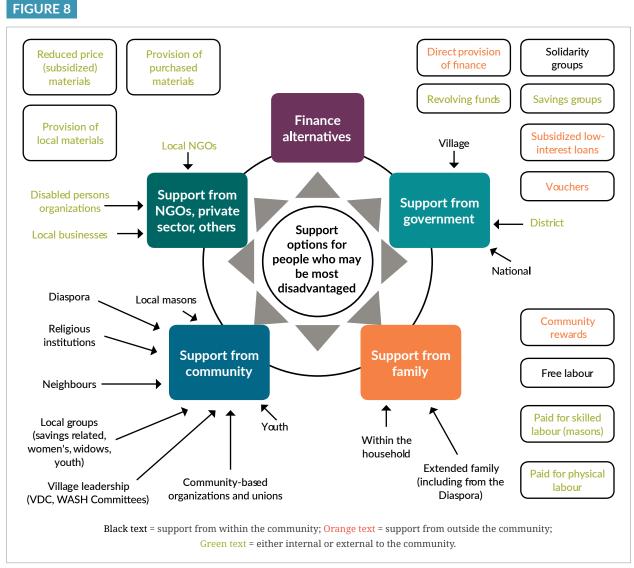
### Training for sanitation and hygiene masons and suppliers



Local masons building a raised seat
© WSSCC/Patrick England

Training masons and suppliers on ways to better support people who may be disadvantaged can benefit people who may be disadvantaged and the suppliers, through opening new markets for them.

Training may focus on design modifications and options for people who have disabilities or mobility limitations or on expanding supplies, such as reusable sanitary pads or bedpans.

(See **Annex II.2** for more details)

Black text = support from within the community; Orange text = support from outside the community; Green text = either internal or external to the community.

House, S., Cavill, S. & Ferron, S. (2017b)

## 3.4.8 Facilitate support – Step 5: Consider external support options

Where community support mechanisms are inadequate to support everybody who may be disadvantaged, one option is to investigate whether any support is available from external sources, such as government or local businesses. Generally, this should only be investigated after community mechanisms have been exhausted (see **Figure 8**).

**Examples of where this may be appropriate include:**

a. In ultra-poor households where it is not possible to build zero-cost latrines (e.g. due to government-mandated standards).

b. In difficult environmental contexts – such as high water tables or sandy soils – where local technology options have been tried and more expensive hardware is required.

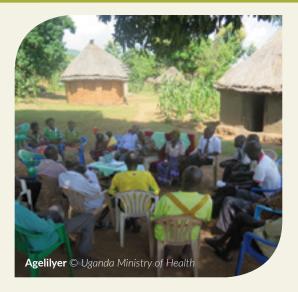c. Where the government has existing policies for offering support to people who are most vulnerable or marginalized.

**If external support is being sought, the following should be considered:**

1. How it will be introduced so as not to disrupt the CLTS process and the motivation to act independently. However, do not wait for long periods of time as this can put high levels of pressure on the people who are most disadvantaged – have empathy for the difficulties they face.

2. Be clear on the parameters for support so that people know that the most disadvantaged people ('category C') who are unable to build, use and maintain a latrine themselves without becoming more vulnerable will be the priority and eligible for support.

3. Install a system to double check who is identified as being eligible for support. For example, a women's group checking those identified.

## *i*  Public latrines

- Identify the main public spaces in the community by asking where people usually go outside of their own homes. These can include schools, health centres, market places and places of worship.

- Consider whether there are enough public latrines. For example, ask where people defecate while at the public place. If latrines are available, do people sometimes have to wait to use them?

- Undertake participatory accessibility and safety audits for existing public latrines – See **Annex III.3**.

  – There are separate facilities for men and women, with sufficient privacy and security (e.g. locks inside the door).

  – Girls and children feel safe using them.

  – Toilet blocks are accessible for people with mobility difficulties.

  – Wherever possible, there is also a facility that can be used by males and females ('gender neutral'), people with disabilities and mobility limitations, and any other person.

- Check the facilities are easy to use for women and girls who are menstruating – with adequate space, easy access to water, locks, hooks and shelves.

- Encourage the community to plan actions in response to the audits. In many cases, it will also be necessary to engage the local authorities or managers of the institution to invest the necessary resources to ensure facilities meet the users' needs. Consider involving the authorities during the safety and accessibility audits and trigger them to commit to making improvements with the support of the community.

- If costs are mentioned as a concern, discuss what local and affordable technology options are available. See **Annex II.1** for examples.

## Community financing mechanisms



**Agelilyer** © *Uganda Ministry of Health*

Agelilyec Village, Uganda, reports to have been ODF for over a year. According to community members, one of the reasons they could achieve this was because of their Village Savings and Loan Association. The association, named 'Kongwa' ('help us'), is comprised of 11 men and 19 women, and provides low-cost loans to households for income generating activities. The profits are invested in helping people who are disadvantaged get their own latrines.

Agwer Geoffrey, chairperson of the association, explains: "We use part of the profits [from the association] to buy materials and mobilize labour within the community to help child-headed families and persons with disabilities have access to good sanitation. We recently constructed a toilet for a household and improved another one. We also help check that their water sources are clean. So far, we have helped five households in our village, which made sure that we stayed ODF."

Mariam, from Senegal, borrowed money from the solidarity fund to build her improved toilet. Her family are quite poor but she had managed to save about 100,000 CFA (160 US$) and borrowed 40,000 CFA (64 US$). She hopes to repay it in one go after the harvest. Her new latrine is brick lined with an offset pit that can be easily desludged. She also constructed a bathroom at the same time. There are about 15 people in her household and so sometimes there is a queue, but she is very happy with her new toilet.



**Mariam** © *WSSCC/Susanne Ferron*

## 3.4.9 Tips for additional good practice in post-triggering follow-up

**Good practice** – Post-triggering follow-up

**Keep the following in mind when facilitating the follow-up visit:**

1. Be proactive in ensuring that people who may be disadvantaged are leading voices when facilitating tools and coming up with solutions. Whenever possible, do not isolate or set apart people who might be disadvantaged during community activities. However, also recognize where separate discussion groups may be more appropriate. Some people, such as women or people with disabilities, may appreciate separate support groups (especially when first discussing taboo issues such as menstruation). Where some groups face severe discrimination, separate discussion groups are necessary.

2. Encourage the community to consider a wide variety of situations where there may be barriers to accessing adequate and safe sanitation. For example:
   - Sanitation facilities in public places which are not accessible for people with disabilities
   - The needs of people who are incontinent
   - The needs of people who are bed bound
   - People's different perceptions of privacy and what can be done to improve it
   - What is required for the long-term maintenance of facilities

3. Be vigilant for potential new Natural Leaders who can support the process – particularly from groups that are often excluded – and encourage the community to incorporate them as official Natural Leaders during the ongoing processes.

4. Wherever possible, enable people who might be considered disadvantaged and need support to put forward their own name if they feel they have been missed. There should be clear criteria, agreed by the entire community, to define who should or should not be supported based on their ability to build, use and maintain a latrine on their own.

5. Consider how menstrual hygiene management (MHM) can be integrated into follow-up visits. Since CLTS breaks the 'silence on shit' in the community, post-triggering follow-up is a strategic entry point to addressing taboos surrounding menstruation. This may further contribute to households considering different gender needs when constructing toilets. (See **Annex II.3** for ideas on integrating MHM into the CLTS process and **Annex VI** for additional references with practical guidance.)

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⁶ Individuals who are not able to fully control urination and defecation.

### The Evolution of Natural Leaders in Nigeria

In Nigeria, community sanitation committees (WASHCOMs) were formed immediately after the triggering meeting. This tended to attract people who usually dominated meetings or people with an expectation for subsidies, at the expense of more excluded voices. As a result, WASHCOMs were ineffective. The programme then shifted to letting Natural Leaders emerge on their own during follow-up visits and, only upon or being close to reaching ODF status, the community brings them together in a formal WASH Committee with a 50/50 male/female representation. This has enabled emerging Natural Leaders with more diverse voices to be incorporated into the local leadership.

As the programme has progressed, some of the most committed Natural Leaders have become 'community consultants' who work in wards and villages other than their own. Not only has this strategy been found to be more effective than having a small number of facilitators do all the work, but it has also been an opportunity to extend assistance to people who may be disadvantaged. For example, Benedict Emori (pictured), a community consultant from Abi local government area, gathered a group of fellow Natural Leaders to support vulnerable people in conflict-affected areas by engaging community youth groups.



**Benedict** © *United Purpose/Jason Florio*

## Breaking down stereotypes and stigma


Shashi © WSSCC/Sue Cavill

A Dalit community in Khana VDC, Nepal, (a traditionally marginalized group of people in Nepal's caste system) used the opportunity of the sanitation campaign to break down stereotypes. They formed groups of 4-5 households to help each other build latrines. They were motivated to win the competition between wards, to show that they would not always be last. They completed their latrines before many people of traditionally higher castes.


Blessing © WSSCC/photographer

In Itoli community, Nigeria, Blessing Lebo recalled that people in her village used to defecate in the open so much that "the shit ran like rivers" into where the women fetch water for their families. When the men refused to build latrines for their families, Blessing rallied the women to lead by example. With their wives building toilets, she challenged the men: "What a man cannot do, a woman has done, so what are you men doing for this community?" The men have since joined the women in ensuring everyone has access to a latrine.

## SECTION 3.5

# Feedback, learning and post-ODF activities

This section provides guidance on integrating EQND into feedback and learning activities, as well as recommendations for post-ODF activities. It is critical that facilitators listen to the views of people who may be most disadvantaged, those who may have struggled the most to build and sustain a latrine, and those who may have faced the biggest barriers to participating in the CLTS process.

### 3.5.1 Learning and feedback from people who may be disadvantaged

**Purposes of learning from people who may be most disadvantaged:**

1. To consider how well the CLTS process has been going and involve people who may be disadvantaged.
2. To identify where more support is needed.
3. To check that no harm is being done.
4. To learn about examples of good practice.
5. To strengthen the community activities and support for people who may be disadvantaged.

**What it is important to learn about from people who may be most disadvantaged?**

**Community members, especially people who may be disadvantaged, should have the chance to provide feedback on:**

6. Their participation in the process.
7. How much they have been involved in decision-making and leadership.
8. Whether they have built a latrine and who uses it.
9. If they don't have a latrine then why not.
10. If they do have a latrine, how it was built and funded.
11. Whether they know of other people who are struggling to build a latrine.
12. Their feelings about having a latrine and any problems faced during the process.
13. Whether they have any ideas on how the programme could work better to involve and benefit people who may be most disadvantaged.

See the facilitation tools in the box below which can be used to ask questions to people who may be most disadvantaged.

It is recommended that learning from people who may be most disadvantaged takes place at least annually (depending on the programme duration) and closely involves community sanitation committees and local government extension workers wherever possible.

Learning can also be facilitated between communities. Structured discussions between Natural Leaders from non-ODF communities and people who may be considered disadvantaged in ODF communities, for example, can be a useful forum for hearing the views of people who are often overlooked, understanding their experience of any support received, and showcasing affordable local technologies.

Periodic reflection meetings between CLTS facilitators are also important for discussing feedback from communities, reviewing lessons learned and agreeing on ways forward. These brief 'pause and reflect' discussions should be held routinely (e.g. during weekly/monthly planning meetings).

### Opportunity voting

This is a voting tool that can be used with the whole community to assess how different social groups (men, women, older people, children etc.) experienced the drive to ODF status, help the community hear one another's opinions and preferences and serve as a valuable feedback mechanism. (See **Annex III.8**)

### Participation ladder

This is a tool that can be used to identify the level of participation of different groups in the community at different stages of the CLTS process. It allows differences to be identified for different groups and a discussion on what could be done to improve the situation. (See **Annex III.9**)

### Training and supporting Natural Leaders on EQND

Natural Leaders (or other community volunteers) are some of the best-placed individuals to identify and support people who may be disadvantaged. In addition to building the capacity of programme staff, it is recommended that training and learning sessions are held for Natural Leaders to orientate them on EQND principles, discuss local barriers to accessing sanitation and hygiene, and explore facilitation strategies to encourage community support for people who may be disadvantaged.

**Good practice tips** – Learning and obtaining feedback from people who may be most disadvantaged

1. When speaking to people who may be most disadvantaged, keep the visiting team small – preferably two people and a maximum of three.
2. Make sure there is at least one woman in the team. If possible, women should meet with women/girls and men should meet with men/boys.
3. If possible, involve a person who has disabilities in the team, to bring their expertise and skills.
4. Explain why you are asking questions and how you will use the information, and ask permission to continue asking them questions.
5. Be respectful, kind and non-judgemental, and talk directly to the person.
6. Be patient, listen carefully and allow them to speak and finish what they are saying.
7. If you see that the person or family is facing significant difficulties (e.g. suffering from an urgent health issue, doesn't have access to services for people with disabilities, are extremely poor and struggling to feed their family), tell them where they might be able to get assistance or ask them if they would like you to connect them with specific organizations, such as an organization for people with disabilities, the relevant government social care department or a mutual support committee at the community level.

### Learning from people who may be the most disadvantaged

**This document provides further guidance on:**

- How to introduce your questioning and ask questions in a way that ensures you do no harm and respects people's privacy and choice.
- Good practice for learning from people who may be most disadvantaged.
- How to undertake individual interviews, observations and focus group discussions – with additional interview guides for different uses and people.
- Additional participatory exercises ('three pile sorting', 'scoring and ranking', 'gender and social inclusion analysis', 'sanitation ladder', 'happy/sad/not sure faces', 'stand up/sit down questions', 'drawing an ideal latrine' and 'story-telling').

**Follow this link for the full document:**

https://www.wsscc.org/resources-feed/eqnd-learning-guide

## 3.5.2 EQND in post-ODF Activities

'Post-ODF' refers loosely to any structured activity that takes place in a community after they have been certified as ODF (usually through a government endorsed process). The objectives of post-ODF activities vary but often encompass: 1) sustaining changed sanitation and hygiene behaviour; 2) promoting the use of more hygienic or robust facilities, or services that safely handle faecal waste once pits fill up; 3) addressing other aspects of environmental hygiene (or community development more generally), such as safe water handling/treatment, solid waste management, food hygiene, etc.

In general, all post-ODF activities should follow the core EQND principles outlined in **section 2.1**. Some additional considerations for integrating EQND into post-ODF activities are outlined below.

**Good practice** – EQND in post-ODF activities

- Base post-ODF activities on the community's existing system of Natural Leaders or formal WASH committees. They should be familiar with issues facing people who may be disadvantaged in the community and are often best placed to ensure they receive adequate support if necessary.
- Ensure clear links between the community and relevant local government authorities. For example, public health extension workers or other support staff involved in implementing/overseeing CLTS.
- Integrate EQND principles into initiatives aimed at moving communities 'up the sanitation ladder' using supply-side approaches (including sanitation marketing), with special consideration for affordability for the poorest, accessibility for people facing mobility difficulties, and reducing risks to violence for women, girls and other vulnerable groups (see **Annex II.2** for further guidance).
- Consider EQND principles when addressing the issue of faecal sludge management in communities, i.e. what happens to faecal waste when pits fill up. It can either be disposed of safely off-site (pit emptying, transport, treatment and disposal/reuse) or on-site by burying the pit and letting it rest for a set period. Which system is most appropriate will depend on the local context.
- If off-site services are more appropriate, consider how everyone in the community can benefit from pit emptying services. For example, this can be arranged with service providers to cover the entire community at a flat rate, reducing the contributions for those identified as very poor.
- For households in rural environments, on-site disposal may mean digging a second latrine (or pit) and alternating between them, leaving sufficient time (1-2 years) before the contents of the buried pit is removed. Facilitators will need to work with Natural Leaders and any public health workers to ensure that requirements for safe disposal and reuse of feacal waste are clearly communicated to all households, people recognized as categories 'B' and 'C' receive support to build alternate latrines, and monitoring mechanisms exist to ensure households are complying with local regulations.

# ANNEXES

# **I** Example code of conduct

## Introduction and purpose

A code of conduct serves as a guide for all staff and partners to make ethical decisions in their work as part of CLTS programmes and understand their obligation to uphold fundamental human rights, social justice, human dignity, and respect for all without discrimination. Conduct concerns the behaviour, language and actions of individuals. Inappropriate conduct can infringe on the rights, dignity, and safety of staff and individuals in the communities we serve – especially those who are potentially most disadvantaged.

While acknowledging that countries may have differing local laws and customs, this Code of Conduct is based on international legal standards. Partners are encouraged to have their own relevant policies in place that cover the areas within and beyond this Code of Conduct that uphold the principles enshrined in the Universal Declaration of Human Rights and associated conventions.[7]

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[7] For example, the Convention on the Elimination of Discrimination Against Women, Convention on the Rights of the Child, and Convention on the Rights of Persons with Disabilities.

## Scope

All partners associated with CLTS implementation are requested to adopt and uphold this Code of Conduct. This includes all staff implementing programme activities, supporting government partners, consultants, staff and community leaders/volunteers. The principle organization/agency managing the CLTS programme must ensure that everyone supporting the programme understands their obligations therein, and have procedures for reporting fraud, negligence, violence, abuse and other incidents of serious malpractice.

The Code of Conduct should be signed by all individuals involved in working on the programme (and ideally those in leadership positions, if possible) and not just the implementing institutions/organizations. Training should be provided on its requirements and it should be revisited regularly to remind people of its content and obligations; it should not just be a document that is signed and then forgotten.

## Standards of conduct

Organizations and individuals engaged with the CLTS programme must treat all people with respect and dignity, recognize and value diversity, and actively challenge any form of harassment, discrimination, intimidation and exploitation.

**This means:**

1. Recognizing that all human beings are born free and equal in dignity and rights, and that everyone is entitled to their dignity and rights without discrimination based on their race, gender, religion, colour, national or ethnic origin, language, marital status, gender identity and sexual orientation, age, socioeconomic status, disability, political conviction or any other distinguishing feature.
2. Striving to remove all barriers to equality in all aspects of our work.
3. Respecting the dignity and worth of every individual by promoting and practising understanding, compassion and tolerance without discrimination.
4. Respecting the beliefs and values of all, although recognizing that some practices do not respect the rights of others and hence should be challenged.
5. Proactively paying attention to the needs of those who are potentially disadvantaged, while recognizing the value of their participation in the programme.
6. Making every effort to be inclusive during programme processes, understanding the barriers people may face and providing support to overcome them.
7. Demonstrating discretion and maintaining confidentiality as required when dealing with individuals who may face (further) stigmatization and marginalization.
8. Building constructive and respectful working relations with our partners, continuously seeking to improve our performance and fostering a climate that encourages learning, supports positive change and applies lessons learned from our experience.
9. Welcoming and actively seeking out feedback on how programme processes are affecting those who are potentially disadvantaged.
10. Seeking advice and/or reporting any malpractice or infringement of the Code of Conduct.

## Behaviour should NOT:

5. Be exploitative, e.g.
   a. Demanding or suggesting sexual favours in return for support under the programme.
   b. Asking for money or material compensation in return for programme support.
6. Be manipulative, e.g.
   a. Making false promises in exchange for desired changes.
7. Use or endorse children as tools to achieve desired ends in a way that especially where it may threaten their safety, e.g.
   a. Encouraging them to publicly shame others by blowing whistles or denouncing them.
   b. Encouraging them to throw stones or use violence towards others.
8. Use or endorse undue levels of coercion, e.g.
   a. Excessive use of fines, particularly ones that will significantly affect the well-being of people who may be disadvantaged.
   b. Excluding people from their entitlements to services.
9. Use or endorse violence or physical threats, e.g.
   a. Evicting someone – even temporarily – from their home.
   b. Threatening that someone will be arrested.
   c. Beating and physical abuse.
10. Contravene a person's right to privacy and confidentiality, e.g.
    a. By displaying sensitive health information of individuals on a public map.
11. Misuse funds or engage in other corrupt practices, e.g.
    a. Using funds (or other programme resources) for purposes other than those which they have been allocated for.
    b. Taking any form of payment from community members for personal gain, including the provision of interest-based loans.
12. Discriminate against, bully, harass or otherwise mistreat colleagues or community members, e.g.
    a. Excluding or passing negative comments on people because of their identity, background or beliefs.
    b. Making sexual jokes or contributing to a toxic environment by making people feel uncomfortable.

## The principle of 'do no harm'

The principle of 'do no harm' means that any given intervention should not make anyone worse off, and that the facilitating individual or organization is accountable for ensuring that nobody is exploited, abused or left behind in the process and outcome of the intervention. This includes situations where community leaders or volunteers carry out their own initiatives because of the programme's intervention. Individuals and organizations implementing the CLTS programme have an ethical obligation to proactively anticipate where the principles in the Code of Conduct may be violated as a direct or indirect result of their interventions, and constructively intervene as needed. Facilitators are instead encouraged to work with community leaders and volunteers to find alternative solutions for achieving desired outcomes.

## Reporting breaches of the Code of Conduct

**Include the steps to be taken if a breach in the Code of Conduct is observed:**

- Who to speak to – for both staff and community members.
- Rights to confidentiality and protection from harassment.
- Process to be undertaken when a concern has been raised.
- Repercussions when clauses in the Code of Conduct are not respected (if the Code of Conduct is to be taken seriously, it must be seen to be enforced when breaches occur).

ANNEX

# II Guidance on specific areas

## Annex II.1 **Examples of local technologies for accessibility**

There are many examples of low-cost technologies that can increase the accessibility of latrines and handwashing facilities. Many are 'SIDAs', only requiring local materials and taking just a few minutes to make. The 'Compendium of accessible WASH technologies' by WEDC, WaterAid and SHARE (Jones & Wilbur, 2014) provides construction details, advantages, disadvantages, improvements/variations and estimations for cost and labour inputs for a variety of technologies that can be made locally or are affordable in local markets.

**TABLE 3**  **Examples of local technologies for accessibility**

| CONSIDERATIONS | EXAMPLES | |
| --- | --- | --- |
| **PATHS** | | |
| • Should be clear and level |   Guide string from house to latrine[1] |   Paths lined with rocks or posts[2] |
| **RAMPS** | | |
| • Should be no steeper than a 1 in 12 gradient (i.e. height increases by 1 unit of measurement for every 12 units)  • Sides can be raised to increase safety |   Movable wooden ramp[3] |   Low gradient concrete ramp[4] |
| **STEPS** | | |
| • Should be low and even (all the same height and depth)  • Stable handrails are important – especially for users with mobility limitations  • Paint can be used to increase visibility |   Handrails leading towards the latrine[5] |   Concrete steps with cross-hatching[6] |
| **MOVEMENT AIDS** | | |
| • Need to be durable and easy to clean  • Some initial demonstration might be needed |   Wooden hand walkers[7] |   Rubber knee pads from car tyres[8] |

**ANNEX**

**TABLE 3** Examples of local technologies for accessibility (continued)

## ENTRANCES

- Need to be wide enough for all users (including wheelchair users)
- Latrine floor is ideally level with the outside


Wide and level entrance for wheelchair access[9]


Latrine with level concrete entrance for wheelchair access[10]


Slightly raised threshold to reduce flooding[11]

## DOORS

- Consider adequate privacy and security
- Should not block internal space if possible
- Should open outward with enough space to open it while standing or in a wheelchair


Curtain (as temporary solution)[12]


Outward opening tin or wooden doors[13]


Outward opening tin or wooden doors[13]

## DOOR HANDLES AND CLOSING MECHANISMS

- Should be easy to grasp and use
- Structure or door needs to be solid
- It is better not to have a full handrail on the door so that people do not put their weight on it with the risk of the door not holding and users falling over


Carved wooden handrail[15]


Metal hook and eye[16]

## INTERNAL SPACE

- Consider who is using the toilet and how much space they will need (for manoeuvrability, movement aids or carers)


Wooden handrails on each side of drop hole[17]


Entrance corridor for wheelchairs, with a wall separating the drop hole[18]


Spacious toilet with drop hole located in corner for maximum space[19]

## FLOOR FINISH

- Consider the balance between hygiene and safety
- Should be smooth enough to be washed and swept, but not so smooth that they are slippery


Rammed earth floor with small stones, sand, and smeared/polished[20]


Rammed earth and wooden planks (with mud to fill the gaps)[21]


Rammed earth floor with concrete finish and raised seat[22]

## HANDRAILS AND SUPPORT

- Position and height need to be customized for each user
- Need to be strong enough to support user's weight
- Painting/varnishing can increase durability (protection from corrosion, termites)


Wooden/bamboo support rails fixed to floor in front of drop hole, or on either side[23]


Metal bars fixed to side of latrine[24]

| TABLE 3 | **Examples of local technologies for accessibility** (continued) |

### FIXED SEAT PAN

- For people who have difficulty squatting
- Height and width need to be customized for each user based on comfort
- Consider comfort and ability to clean when determining the size of the drop hole
- Seat can be painted to be urine-resistant and make it easier to clean

Twin cement-plastered sitting blocks with handrail[25]

Raised cement pan with toilet seat inserted[26]

Cement bowl made with mould[27]

### SEATS (FIXED AND MOVABLE)

- For people who have difficulty squatting
- Requires enough space in the latrine so it can be moved when not in use
- Can be painted/varnished to increase durability
- Splash guards can be added to the front of chairs

Wooden chair with hole cut in the seat[28]

Hollowed wooden mortar bowl[29]

Modified plastic chair[30]

### COMMODE SEATS

- For people who cannot reach the latrine/ small children
- Container needs to be emptied and cleaned after every use
- A separate private toilet area may need to be created

Painted wooden chair with 'potty' inserted in hole in seat[31]

Wooden chair with hole cut in seat emptying into a bucket[32]

Plastic children's potty[33]

### HANDWASHING FACILITIES

- Consider whether the facility needs one hand, two hands, or feet to operate
- Need to be within reach of all users in the household (including children and wheelchair users)

Tippy-tap with foot pedal[34]

Plastic bottle hung with a string[35]

Water bottle tied to a stick and nailed onto a tree to act as a lever. The soap holder (top right) is punctured soap and half a water bottle, suspended together to protect it from the rain[36]

## Photo credits

# Annex II.2

## Training for sanitation and hygiene suppliers

**It is essential that supply-side activities focusing on expanding technology options available to communities integrate EQND principles and address diverse needs – especially for people living with disabilities:**

- Consider solutions for all physical barriers undermining safety, comfort and dignity. These include pathways, ramps, secure doors, seating, handrails, facilities for handwashing and MHM, as well as distance to the facility.

- It's important to make the EQND business case to masons, shopkeepers and local businesses or other sanitation product suppliers. For example, since everyone has different sanitation and hygiene needs across their life, supplying these corresponding products helps to keep existing clients and gain new ones.

- Do not encourage a one-size-fits-all latrine design. Ensure that consultation and discussions with users directly influence which products are developed and marketed.

- Depending on the supplier, consider if there is a need to encourage the design and stocking of market-specific products that may assist people who may be overlooked or whose needs are not openly discussed. For example: reusable sanitary pads, commode chairs, or bed pans for people who are bed bound.

- Include EQND in training for masons or other local suppliers, including consideration of design options suited for people with different needs, offering various price options or financing arrangements, and how to engage with potential clients or customers who might be disadvantaged. Consider inviting local suppliers to EQND training for CLTS facilitators. For more information, see Wilbur and Jones (2014).

ANNEX

## Annex II.3

### Menstrual hygiene management and CLTS

Managing menstruation is critical for most women and adolescent girls. Good MHM means that women and adolescent girls have knowledge and awareness about how to manage their menstruation, access to clean menstrual hygiene products and private facilitates with soap, water and sufficient space to wash or dispose of used materials with dignity and in an environmentally responsible manner (Figure 9). MHM is also recognized as an entry point to other EQND issues, including gender violence, early marriage, sexual consent, and decision making power.

Improving MHM also means addressing myths and taboos surrounding menstruation. As CLTS already aims to break the 'silence on shit', the same participatory approach can be a useful entry point for addressing menstruation-related stigma, inequalities and injustices in communities. This can enhance EQND by encouraging households and local institutions to consider the needs of women and girls when constructing facilities as well as increasing their participation, empowerment and voice in community decision-making.
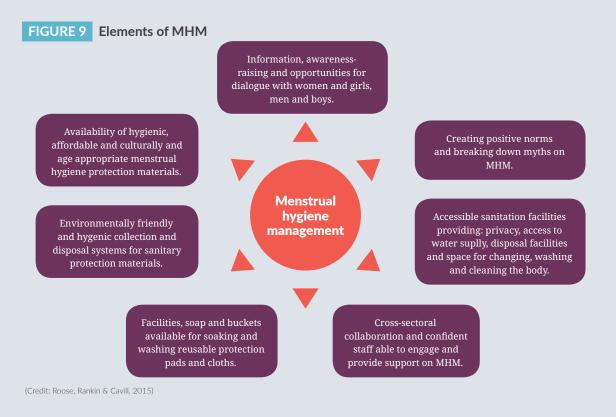
There are many useful resources on MHM. An annotated summary is available in **Annex VI**.

### Key points for CLTS facilitators on MHM

1. Consider introducing MHM as a post-triggering follow-up activity once there is considerable momentum towards reaching ODF status. Be careful not to detract from the core CLTS 'eating shit' message.
2. **Draw on the same CLTS principles, people and processes that you're already familiar with to raise MHM issues:**
   - Principles: no subsidies; no prescription of facilities or hygiene products; do not lecture or teach but facilitate; value community solutions; encourage initiatives to confront taboos.
   - People: build on community momentum by engaging Natural Leaders and WASH committees.
   - Process: CLTS facilitation techniques can be used in dialogue circles (in communities or schools) on how MHM is currently practiced and how it can be improved.
3. Take care when first introducing the topic of MHM within a community setting. Initial discussions may be more appropriate with women and girl-only discussion groups to understand the cultural context before involving the whole community. This should be led by a female CLTS facilitator.
4. When appropriate, it is critical that men and boys are included in discussions to break the silence on MHM to encourage them to be more supportive of their daughters, wives and sisters by acknowledging their hygiene needs. It helps to ensure that appropriate facilities and products are available, and that harmful traditions are confronted. Having

## Menstrual hygiene management and CLTS

male MHM champions – either as programme staff or Natural Leaders – is especially effective for breaking down barriers and setting positive examples.

**FIGURE 9** **Elements of MHM**

Information, awareness-raising and opportunities for dialogue with women and girls, men and boys.

Availability of hygienic, affordable and culturally and age appropriate menstrual hygiene protection materials.

Creating positive norms and breaking down myths on MHM.

Environmentally friendly and hygenic collection and disposal systems for sanitary protection materials.

**Menstrual hygiene management**

Accessible sanitation facilities providing: privacy, access to water suplly, disposal facilities and space for changing, washing and cleaning the body.

Facilities, soap and buckets available for soaking and washing reusable protection pads and cloths.

Cross-sectoral collaboration and confident staff able to engage and provide support on MHM.

(Credit: Roose, Rankin & Cavill, 2015)

5. When visiting latrines at households and institutions, facilitate women and girls to consider what MHM-friendly features they would like to see in the latrines.

   **Many of the following can be included on the  spot as a SIDA:**
   - Provisions for safety and privacy: locks on the inside, gender-segregation (in public or school latrines), locations where women and girls feel safe;
   - Handrails, seats and adequate space for the girl or woman to move to clean herself;
   - Easy access to water supply (ideally within the latrine);
   - Features such as mirrors, hooks, washing bowls and somewhere to keep soap and pads off the floor (such as a shelf);
   - Covered bins for discrete disposal of menstrual waste within the facility.

6. School is a place where adolescent girls may face stigma, ridicule and feelings of shame due to a lack of sanitary materials and awareness. Therefore, a supportive school environment is important for good MHM. Consider advocating to local education authorities: teacher training facilitation, teaching materials provision and supporting MHM activities for pupils to integrate MHM into the school system.

ANNEX

# III    Facilitation approaches and tools

## Annex III.1

### Follow-up MANDONA

Follow-up MANDONA (meaning to push in Malagasy) is an action-orientated, collective approach for bringing together the community during post-triggering follow-up visits. The FUM approach was pioneered by MIARINTSOA NGO – a sub-grantee of the Fonds d'Appui pour l'Assainissement (FAA) programme in Madagascar. Prioritizing visiting and supporting people identified as disadvantaged, FUM is also a powerful tool for igniting community support and generating local solutions.

Like triggering, FUM involves a dynamic pre-FUM to establish the most convenient date, time and venue for the community, and identify with community leaders if people who may be disadvantaged are falling behind.

**The actual session involves four stages, which can be amended for different contexts:**

1. **Community meeting:** first the community reviews their action plan (set during the last visit) and analyses the steps taken towards ODF status. At the end of the meeting, ask someone who has been identified as potentially disadvantaged if they would be willing to show the rest of the community what they have done so far to end open defecation.

2. **Creation of 'community models':** with the community gathered at the person's household, everyone identifies together whether there is still open defecation that is causing everyone to continue to 'eat shit'. The person also explains what achievements they are proud of and where they may be struggling. If able, the household is triggered to carry out SIDAs until they create a model the entire community can learn from. If the person is severely disadvantaged (i.e. 'category C'), the community will need to be triggered to carry out the SIDAs while being instructed by the latrine owner on which improvements and features they prefer.

3. **Replicating the model together:** with the community triggered and observing that the SIDAs are simple and take minimal time, the facilitator asks if the community is willing to replicate what they have learned in their own homes straight away, and how long it would take to complete (usually around 15-30 minutes). While community members return to complete the SIDAs in their own homes, emerging Natural Leaders take the lead in supporting other households. Encourage these emerging Natural Leaders to prioritize households with people that may be disadvantaged.

## Follow-up MANDONA (continued)

4. **Community debriefing:** once everyone has finished making improvements to their own facilities, they return to the meeting point. Next, Natural Leaders update the entire community on their new sanitation status, and whether there was anyone that wasn't helped that day and can be supported as soon as possible. Finally, the community agrees on a new action plan and deadline for ending open defecation and supporting people who are most disadvantaged.

For a more detailed, step-by-step description on how to facilitate FUM, see the Follow-up MANDONA Handbook.

# Annex III.2

## Proactive mobilization

Proactive mobilization is an effective way to increase turnout, generate excitement before the triggering meeting, and help ensure that people who are usually left out are invited (and assisted) to the meeting. This approach was conceived by the Ugandan Government's 'Uganda Sanitation Fund' programme, locally called the 'General Ronnie' (after its creator), and works best in communities where households are not too far apart.

If only a few community members attend a triggering (or follow-up) meeting, as a last resort before deciding to redo the pre-triggering, the facilitating team could mobilize as many people as possible on the spot by asking present community members (or Natural Leaders) to form a line, and the rest of the community to line up behind them. A member of the facilitating team should accompany each group, with one remaining at the venue.

Next, the community members lead their neighbours through the community – singing and dancing in a 'conga line' to muster as many people to the meeting as possible. Before sending each group in different directions, ask each group leader if they know anyone not at the meeting who's older, lives alone, is poor or is usually left out. Ask if they think these people should be included and if they would like to visit their houses to extend a special invitation to the meeting. Ask the community if they think it's possible to arrange transportation to bring people with mobility issues to the venue.

As groups return to the venue with new participants at different times, use the opportunity to build trust with the community as they wait by telling jokes, swapping stories or sharing songs and dances.

Community members in Uganda bringing their neighbours to the triggering meeting.
© WSSCC/Patrick England

# Annex III.3

## Accessibility and safety audits

**Purpose:** For community members to assess the level of accessibility and safety of an existing water and/or sanitation facility (private and public latrines) and its surroundings, and to identify possible changes or improvements.[8]

**Materials needed:** Accessibility audit sheet for relevant facility; resources about inclusive design, standards and approaches (see Compendium for accessible WASH technologies).

**Facilitation steps:**

1. Decide which type of facility you wish to assess and download the relevant Accessibility & Safety Audit tool (Jones, 2013). It is also recommended to review the facilitator's notes.
2. Select the audit team. Accessibility and safety audits are most effective when carried out as a team, directly involving the intended users and the voices of people with disabilities, older people, women or children as appropriate.
3. For example, with a household facility family members take the lead in identifying the difficulties they face now and are likely to face in the future (such as for pregnant women, children or older people). It may not be necessary to consider access for wheelchair users if there are none in the household.

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[8] Note that a revised set of accessibility and safety audit tools, including MHM, will soon be released by WaterAid, LHSTM, and WEDC.

### Accessibility and safety audits (continued)

4. Alternatively, with a school facility the children (supported by teachers) will conduct the audit. All types of accessibility needs for children and staff should be considered. There should also be special attention for the needs of adolescent girls, such as adequately gender-separated facilities, doors that can be locked, hooks and shelves, and water and disposal facilities for menstrual hygiene management.

5. Allocate suitable roles to each team member, including note taker, measurer, photographer and interviewer. Complete sections A and B of the audit. (For community members that have difficulties reading and writing, the CLTS facilitation team can guide the audit team through the process).

6. Starting with Section C of the tool, ask team members to go to the facility, identifying any problems or obstacles making it difficult or impossible for them to access or use the facility. They should also note anything that affects the user's safety. Write these down, take photographs and draw a diagram to illustrate. You may also use the checklist of questions in each section.

7. Having identified the problems, identify what could be done to eliminate or reduce them and write these solutions down.

8. Go through and complete each section of the audit as you go around.

When auditing communal facilities, identification of problems and solutions should be as broad as possible. Users from the local community should therefore actively be part of the team as far as possible but also use the checklist to identify problems that users not present might face. For example, you may have a wheelchair user and a person who is visually impaired in your team, but don't forget to also think about the difficulties of other users – frail older people, or mothers with small children, for example.

## Annex III.4

### Squatting exercise

**Purpose:** Through interactive role play, community members identify the barriers different people face using squat-style latrines based on a combination of their sex, age or physical attributes (shape, size, strength, disabilities or injuries) or socially-determined roles. For more information, see Jones (2013).

**Materials needed:** Clear floor space, large (newspaper size) plain paper, marker pens (ideally different colours), cushion/pillow, stick, cloth for ties etc.

**Facilitation steps:**

1. Place a large sheet of plain paper on the floor, preferably on a smooth hard surface. Draw a keyhole-shaped 'toilet hole' in the centre. Ask: "How do we decide where to put the footplates?"
2. Invite a volunteer to squat over the hole. (If the group seem reluctant, the facilitator can squat first.)
3. Ask a second volunteer to draw around each foot of the 'squatter' with a pen (use a different colour for each 'squatter'). To emphasize the differences, invite volunteers of different shapes and sizes.
4. You should already see differences in where the feet are placed. Hold up the paper and ask: "Is it clear yet where to put the footplates?"
5. Identify another (preferably male) volunteer. But just before he squats, tie a large heavy cushion or pillow to his stomach, or insert it up his shirt to 'make him pregnant'. This should make it more difficult to squat.
6. Next, introduce different impairments: For example, to replicate an injury, strap cardboard on a participant's leg to make it rigid, and give them a stick for support. To replicate a person with visual impairments, blindfold the next participant and give them a stick to feel their way.
7. Other scenarios can be added depending on the context. For example, one volunteer can act out the mobility difficulties faced by older men and women in the community.
8. When participants have trouble during each scenario, ask what would help. Look for objects lying around to bring for them to hold onto, e.g. two bricks, or a stick for support. Always remember to directly ask people who face these challenges about what they think can be done.

As squatting may be sensitive, participants may prefer to do this activity in single sex groups, with discussion in a mixed group afterwards. Remember to use willing volunteers only! Do not pick on people.

# Annex III.5

## 24-hour clock

**Purpose:** To highlight inequalities in access, use and maintenance of sanitation facilities between men and women, and prompt community members to come up with ways to improve accessibility and safety, and the distribution of work surrounding their facilities. This exercise can be done with Natural Leaders and other community members, though it is likely to be more effective in smaller groups (for a full guide, see Halcrow, Rowland, Willetts, Crawford & Carrard, 2010).

**Materials needed:** Any locally available materials, flashcards indicating different times of day (optional).

**Facilitation steps:**

1. Separate men and women into different groups.
2. Encourage them to use locally available materials to visualize different times in the day – sunrise, noon, sunset and night time – on the ground.
3. **Ask them to indicate:**
   - When their bodies usually tell them that they need to 'shit'.
   - When they feel they can use the latrines freely.
   - How safe they feel using the latrines (totally safe, partially safe, very unsafe) at each time of day.
   - When in the day they are responsible for cleaning and maintaining the latrines.
4. Invite each group to present their clocks to the other group.
5. Facilitate a group discussion by asking if they can spot any differences and similarities between the two clocks. After initial observation, the facilitator may need to probe further: Are there differences in when men and women feel they can access the latrines and use them safely? If so, what do you think could be done to improve this? Is sanitation and hygiene work men's or women's? Are there more roles that can be shared?

ANNEX

# Annex III.6

## Gender and social inclusion analysis

**Purpose:** To understand how different groups in the community perceive themselves, how likely they are to speak and be listened to, and how they participated in the CLTS process. The exercise is also useful for facilitators to understand people's roles in relation to sanitation and hygiene.

**Materials needed:** Flashcards of different types of people in the community (e.g. pregnant women, a person using crutches, middle-aged man) and of numbers from 1-5.

**Facilitation steps:**

a. Depending on the analysis you wish to facilitate, select a group in the community and hold the discussion separately (e.g. men, women, boys, girls, people with disabilities, the elderly). Discussing with multiple groups allows the facilitator to compare responses.

b. Show the flashcards of the different people and confirm with the group who's represented on each. Next, lay the numbered cards on the ground in order.



Gender analysis using images and a scale from 1 to 5
© WSSCC/Sarah House

c. Explain that you will ask a few questions on various activities in the community. After each question, they will place the flashcards on the number scale, where '1' means is that the person is least likely to do that activity and '5' means they are most likely.

**Example questions include:**
- Who is likely to attend the triggering?
- Who is likely to speak most/least in meetings?
- Who is likely to construct latrines at the household?
- Who is likely to clean the latrine in the household?
- Who is likely to decide on whether you can build a latrine in the household?
- Who are likely to be Natural Leaders/WASH committee members?

Ask each question one at a time and allow for debates to happen between participants. When a photo is placed, ask if everyone agrees. Disagreement on where a flashcard should be placed is an opportunity to prompt further questions.

d. Discuss the findings with the group. For example:
- Why are certain groups less likely or more likely to participate compared to others?
- Who is more or least likely to decide on the location and type of latrines for their household? Does this differ from the types of people who usually clean them?
- What could be done to help get everyone up to 'number 5'?

# Annex III.7

## Violence, Gender and WASH Practitioner's Toolkit

The Frontiers' of CLTS Making Sanitation and Hygiene Safer – Reducing Vulnerabilities to Violence provides a summary of the Violence, Gender & WASH Toolkit in the context of CLTS and is useful for helping facilitators to understand the issues surrounding safety and security, with practical examples on community feedback, facilitating female participation and representation, and safety mapping.

The more detailed Violence, Gender & WASH Toolkit (House, Ferron, Sommer & Cavill, 2014) offers CLTS practitioners a series of briefing papers, case studies, checklists, and facilitation tools that can be easily modified for existing CLTS approaches to consider safety and vulnerabilities to violence within communities. The toolkit also includes a checklist of how 10 principles for reducing vulnerabilities to violence linked to WASH are integrated at each level and phase of a programme cycle.

For further information, refer to **Annex VI** for links to these two resources.



© Fry, M. in House et al., 2014



© Fry, M. in House et al., 2014

# Annex III.8

## Opportunity voting

**Purpose:** To assess how different social groups (men, women, older people, children, etc.) experienced the drive to ODF status, help community members to see one another's opinions and preferences, and serve as a valuable feedback mechanism on how equitable the CLTS process has been (for a full guide, see Halcrow, Rowland, Willetts, Crawford & Carrard, 2010).

## **Opportunity voting** (continued)

**Materials needed:** Charts can be made from cloth with pockets to hold the voting slips or drawn on the ground, incorporating locally available materials such as bowls or jars into which people place their 'vote'. Voting materials can be pieces of paper, seeds or shells. It is important that voting materials come in different colours or shapes, so it is possible to see if experiences and practices differ between groups. For example, men and women can each receive different, distinguishable voting material.

**Facilitation steps:**

1. Prepare simple, locally recognizable pictures of the main people or groups involved in reaching ODF status. For example, facilitators, community leaders, Natural Leaders, community groups, women, men, and groups that are recognized as being disadvantaged in the community. Community members should suggest which people or groups should be represented.
2. Place these pictures on the left side of the chart, leaving the top square free.
3. Place pictures representing types of opportunities, choices and decisions across the top of the chart. These might include: receiving information about the selection of Natural Leaders or sanitation committees, providing/receiving support to construct latrines, or determining their location.
4. First ensure the group know what all the pictures represent.
5. It may be useful to carry out a trial run with a few people to check they understand the process.
6. For the actual voting activity, community members vote twice, first on who participated, then on who made the decisions.
7. After voting is complete, lay the contents of the pockets out for analysis and discussion.

   **The contents will provide information for discussion about:**
   - Who participated (and in what way) during the planning phase.
   - Who participated in making the main decisions leading to the water and sanitation facilities.
   - Who did and did not participate and why.
   - How much information and choice was available to those involved in decision-making.

8. Facilitate a discussion with participants about the results and ask them to give their thoughts on the similarities and differences between the groups and why these exist. Are there differences between women's and men's votes? Did some people participate in decisions while others were excluded?
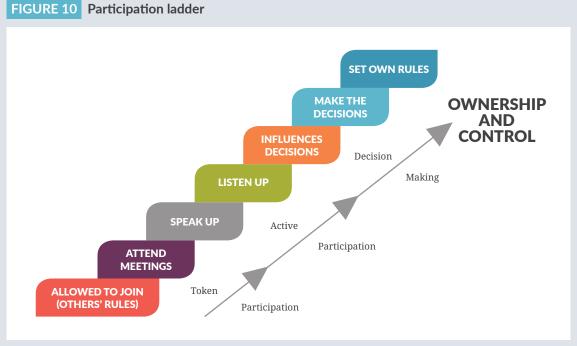
# Annex III.9

## Participation ladder

**Purpose:** Like the voting tool, participation ladders can be used to monitor how effectively women, men or other groups report they are participating in the CLTS (for a full guide, see Halcrow et al., 2010).

**Materials needed:** Poster paper and markers (or locally available materials), coloured cards.

**Facilitation steps:**

1. Draw a step ladder on the poster paper, like the one in the diagram below. Alternatively, the ladder could be drawn on the ground and labelled with coloured cards.

**FIGURE 10**  **Participation ladder**



SET OWN RULES

MAKE THE DECISIONS

INFLUENCES DECISIONS

LISTEN UP

SPEAK UP

ATTEND MEETINGS

ALLOWED TO JOIN (OTHERS' RULES)

OWNERSHIP AND CONTROL

Decision Making

Active Participation

Token Participation

(adapted from Halcrow et al., 2010)

2. Ask different members of the group to identify where they see themselves on the ladder using the coloured cards.

### Participation ladder

3. **Ask the group:**

- Where would they like to be on the ladder vs. where they currently are?
- What would support this happening?
- Are there any differences between the different members of the group in terms of where they are on the ladder? Think about factors such as status, sex or age.

The ladder can be used regularly to monitor changes in the level of participation, raise awareness of the barriers faced by different groups or members and develop steps or strategies to overcome them.

The questions can be asked to people from particularly disadvantaged groups to obtain feedback or to community leaders to encourage them to consider the differences in participation of different groups.

# IV Example community monitoring sheet

Below is an example of a household registry that facilitators would use at the community level. Additional columns can be added for other dimensions of disadvantage that are context-specific or important for the programme to monitor. The age brackets could also be modified to reflect the social context. It is recommended, however, to keep the column indicating if someone with disability/ mobility problems is living in the household, as these individuals are found in every context and require special attention to ensure that facilities address their accessibility needs.

**TABLE 4**  **Example household register**

| NAME OF HOUSEHOLD | INFANTS (<5) | | CHILDREN (5-10) | | ADOLES-CENTS (11-18) | | ADULTS (19-64) | | SENIORS (>65) | | TOTAL NUMBER IN HOUSEHOLD | IS THERE A PERSON WITH DISABILITIES OR WHO FACES MOBILITY DIFFICULTIES LIVING IN THE HOUSEHOLD? | JUDGEMENT ON ABILITY OF HOUSEHOLD TO CONSTRUCT, ACCESS AND MAINTAIN A LATRINE | | | HOW MANY PEOPLE > 5 YEARS OLD CURRENTLY DO NOT ALWAYS USE THIS HOUSEHOLD'S LATRINE? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | F | M | F | M | F | M | F | M | F | M | | | CATEGORY A | CATEGORY B | CATEGORY C | |
| Smith | 2 | 1 | 1 | | 1 | 1 | 1 | 1 | | 1 | 8 | Yes | X | | | |
| Doe | 1 | 2 | 2 | | | | 1 | | | | 6 | No | | | | |

# V Do's and don'ts for specific groups

The following are lists of do's and don'ts that apply to different types of people who may be considered disadvantaged. Many people may fall into one or more categories.

## Annex V.1 People with mental health conditions[9]

Addressing the needs of people with mental health conditions can be a considerable challenge for CLTS facilitators. These individuals are often some of the poorest, most stigmatized, and forgotten people in communities. Mental health issues are also extremely diverse (depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities, such as Down's Syndrome, and developmental conditions (including those on the autistic spectrum) which affect how, or to what extent, a facilitator can effectively communicate with the individual. Some conditions make triggering behaviour change extremely difficult. For example, excreta-related behaviours (e.g. eating, smearing, throwing faeces, involuntary incontinence, or intentional defecation in inappropriate places) can occur in several conditions. Other conditions, such as bipolar affective disorder, can change people's behaviour, attitude and willingness to communicate or engage with others at different times.

Other conditions are less visible but can affect a person's ability to participate in the CLTS process. For example, people with depression are less likely to participate and may not have the motivation to build a latrine or change their behaviour, due to low mood or a lack of interest. People with anxiety may find it difficult to attend the triggering or other community meetings. Toilet anxiety and fears of public urination are also recognized conditions.

| DO'S | DONT'S |
|---|---|
| 1. Do trigger a supportive environment for people with mental health conditions. This involves confronting stigmas (led by Natural Leaders) and triggering a self-realization that it is shameful to leave anyone behind. | 1. Don't assume that people with mental health conditions all have the same condition and face the same challenges. Find out as much as possible about how the person's condition affects their ability to understand and use a toilet and to wash their hands with soap at critical times. |

[9] Cavill, S., England P., House, S. & Ferron, S. (2017). Understanding, respecting, and including people with mental health conditions as part of the CLTS process.

## Annex V.1 **People with mental health conditions** (continued)

| DO'S | DONT'S |
|---|---|
| 2. Do listen carefully to what each person has to say and their reasons for resistance. They may have specific beliefs about excreta disposal that prevent them from complying. Ask them how to overcome the problem. Sometimes other people with the same condition can help. | 2. Don't allow people with disabilities to be mocked when speaking in public. |
| | 3. Don't exclude people further from the process because they are not conforming. |
| | 4. Don't misinterpret motor/speech impairment as a mental illness. |
| 3. Do consider using visuals for people who find it difficult to speak or make eye contact, such as people with autism. For example, the person (or carer) can be asked to point to or draw a picture of a toilet or handwashing facility to indicate the need to use them. | 5. Don't exclude people with mental health conditions from being Natural Leaders where they have the capacity to do this. They may have a lot to contribute and it may also help their self-esteem and confidence to grow. |
| 4. Do encourage people with mental health conditions to become Natural Leaders or inspire as much self-confidence as possible in the design of their facilities. Building pride and self-esteem should be a key outcome of CLTS and could also be effective for changing behaviour among the wider community. | 6. Don't allow community members to abuse the rights of people with mental health conditions. For example, ensure that nobody is forced to leave their home (even temporarily) to ensure there is no OD on the day of verification. Instead, encourage the community to come up with a positive option. |
| 5. Do identify incentives rather than punishments that might encourage change for that individual (recognition, awards, responsibility or training) where there is resistance. Consider facilitating Natural Leaders to build a toilet specifically for that person, possibly adding features such as colour, plants or a mirror, which may build pride in having and using the toilet. | 7. Don't forget that people with mental health conditions need particular care and protection as some may be at particular risk of physical and sexual abuse because they may not understand when someone does something inappropriate to them. Staff, partners and others in the programme must know their safeguarding responsibilities and what are appropriate behaviours. |
| 6. Do identify when the person may be most receptive to discussions about sanitation, such as periods of remission | 8. Don't assume that there have been no problems faced by people with mental health conditions just because the community is reported to have reached ODF status or you haven't heard about problems. It is important to proactively ask, listen and learn. |

ANNEX

## Annex V.1 **People with mental health conditions** (continued)

| DO'S | DONT'S |
|---|---|
| 7. Do be aware that people with mental health conditions may face challenges. For example, a lack of water for anal cleansing in a toilet may be stressful for people with some forms of mental health conditions.<br><br>8. Do focus on triggering family members who are carers for relatives with mental health conditions, as they often know their relative's specific needs, how best to convince them, how to include them in the programme, and how to encourage the use of a toilet as a positive thing.<br><br>9. Do encourage the family/carer to take responsibility for the sanitation needs of the person with mental health issues – if necessary, to pick up faeces and dispose in a latrine if there is no other way to stop the person practising OD.<br><br>10. Do ensure that people with mental health conditions are noted on the household sanitation register at community level. Use this information to focus follow-up visits on these individuals. | |

## Annex V.2 **The poorest people**

| DO'S | DONT'S |
|---|---|
| 1. Do use government identification systems where available, but also involve the community to identify if anyone has been excluded.<br><br>2. Do remember that even if the poorest are physically able to construct a latrine, they may devote much of their time to finding enough resources to survive and may not have adequate time to rebuild their toilet, particularly if it collapses easily. | 1. Don't assume that the government classification includes all those needing support with sanitation. Government lists of those living in poverty often only include only a percentage of the poorest and may not include all those needing support.<br><br>2. Don't always assume that the poorest are unable to build or afford their own latrine. Simple pit latrines using local materials can cost nothing or very little and can be a stepping stone for upgrading later. |

## Annex V.2 **The poorest people** (continued)

| DO'S | DONT'S |
|---|---|
| 3. Do remember that it is often the poorest families and individuals who will be forced to share – especially if they do not have sufficient land to build their own low-cost latrine. It is important to find out the impact sharing facilities has on their behaviour, their sense of dignity, and how they can be supported to construct their own toilet. | 3. Don't prescribe latrine options that are unaffordable for poor households in the short term. This may cause households to sell vital economic assets, such as livestock or land, which may put them in a more precarious position. If particular latrine models are the social norm or required by law, consider what low-cost, safe facilities can be built and used the meantime (instead of continuing to practice OD), and what support other community members can contribute to making necessary upgrades in the longer term.<br>4. Don't assume that the poorest will manage by taking out loans – they may only be able to take out very high-interest loans which may make them more vulnerable if they default. Consider how other community members can support. |

## Annex V.3 **People with disabilities or who face mobility difficulties**

| DO'S | DONT'S |
|---|---|
| 1. Do identify local organizations and groups working on disability issues and involve them in identifying people with disabilities and how to best support them.<br>2. Do enable people with disabilities to define their sanitation needs and suggest sanitation adaptations that might support these.<br>3. Do identify local solutions for accessibility first and then ask permission for showing what the facilitator has learnt from other communities. If accepted, then ideas of useful low-cost adaptations can be shared using interactive tools, such as photos or demonstration toilets. | 1. Don't assume that people with disabilities cannot make decisions for themselves and have great ideas. They are the experts on how their disability affects them.<br>2. Don't assume that the whole household will understand the sanitation difficulties faced by someone with a disability or are accustomed to listening to the views of both the person and their carer (if they have one). |

## Annex V.3 **People with disabilities or who face mobility difficulties** (continued)

| DO'S | DONT'S |
|---|---|
| 3. Do provide transport/guides, or hold triggering close to the home of person with a disability. | |
| 4. Do involve people with disabilities as Natural Leaders wherever possible. | |
| 5. Do provide written information or use sign language (by someone qualified in sign language) for people who have difficulty hearing and know how to write or use sign language – and/or involve the family or carer of someone who is unable to speak or hear. | |

## Annex V.4 **Older people**

| DO'S | DONT'S |
|---|---|
| 1. Do recognize how older people contribute to the CLTS process through their knowledge and experience. | 1. Don't treat older people as if they are children. |
| 2. Do find out what each person can do for themselves and what they might need support with. | 2. Don't assume they are deaf and raise your voice. |
| 3. Do consider different adaptations that make toilets easier to use. For examples of accessible technology options, see **Annex II.1**). | |
| 4. Do encourage them to be part of the process and take on leadership roles as Natural Leaders or on sanitation committees. | |
| 5. Do speak clearly but without raising your voice. | |
| 6. Do recognize that many older people are bed bound, and likely to require additional sanitation and hygiene materials, such as extra sheets, bedpans, or sitting aids for latrines. | |

ANNEX

## Annex V.5 **Babies and children**

| DO'S | DONT'S |
|------|--------|
| 1. Do find out how mothers manage their babies' faeces and discuss opportunities to improve practices.<br>2. Do consider asking the community how they can adapt latrine designs for their children. For example, mini latrines with a shallow pit, potties, diapers/nappies, smaller drop holes.<br>3. Do consider holding additional separate triggering sessions with children both in and out of school. Or even better, train older children/youth to hold their own triggering sessions with younger children. | 1. Don't involve children in shaming, throwing stones or blowing whistles at people who are practicing OD. |

## Annex V.6 **Men and women**

| DO'S | DONT'S |
|------|--------|
| 1. Do consider the needs of men and women and how both can be involved in the sanitation programme. It may be necessary to conduct separate triggering meetings at different times in communities where it is difficult for men and women to meet together and women to speak in front of men.<br>2. Do recognize the contribution that men and women of different ages can make to the programme.<br>3. Do consider latrine adaptations for pregnant women and families with childbearing members: larger door, enough space, raised seat or grab bars.<br>4. Do remember that adolescent girls will have specific needs, particularly in schools. Pay special attention to the WASH facilities in schools and consider whether they have adequate privacy (including locks), water, hooks, shelves, sustainable disposal options for menstrual hygiene management. | 1. Don't automatically assume that all women are vulnerable, but recognise that women have different needs to men and may not be allowed the same influence in decision-making.<br>2. Don't assume that it is always women who do not participate. In many cases, men may be absent due to work or because they do not feel the issue is as relevant to them. |

## Annex V.6 **Men and women** (continued)

| DO'S | DONT'S |
|---|---|
| 3. Do consider the needs of women who are breastfeeding but would like to be active as Natural Leaders or community leaders – ask them what help they would need to participate. | |

## Annex V.7 **Marginalized, minority or excluded groups**

| DO'S | DONT'S |
|---|---|
| 1. Do ask the question, "Does anyone here live apart or separately for any reason and, if so, why?" This may be because of their group's status as a minority; different livelihood practices, such as pastoralists; behavioural practices, such as drinking alcohol or sex work; living on the streets; or living and working in low-paid and dangerous environments. | 1. Don't assume that everyone will automatically be involved in the process. Sometimes there will be people who do not readily engage with the community because they are from a minority group, have had previous negative experiences or have been excluded for some reason. |
| 2. Do discuss how these people can be included in the process, emphasizing that everyone needs to change their behaviour to reach ODF status. | 2. Don't just ask, "Who is marginalized?" or "Who is discriminated against in this community?" as this may not be understood and may receive a negative reaction or an answer of "no-one". |
| 3. Do consider cases where there is extreme discrimination and marginalization: it may be necessary to hold separate triggering meetings at a time and venue that's most comfortable and safe for the minority group. | |
| 4. Do encourage Natural Leaders to emerge from marginalized groups. This can be a powerful way to break down stereotypes and stigmas. | |

ANNEX

## Annex V.8 **Sexual and gender minorities (SGM)**

SGM refers to people whose gender identity and/or sexual preferences differ from the mainstream. These people include those who identify as gay, lesbian, bisexual, transgender, or intersex (people with genitalia and chromosomes that do not fit typical definitions of male or female bodies). People who identify as  SGM often face extreme levels of persecution and violence, especially where there are laws that discriminate against SGM. Many people therefore hide their identity to avoid being shamed, disowned by their families, assaulted or imprisoned.

| DO'S | DONT'S |
|---|---|
| 1. Do treat people from SGM with dignity and respect, as with all members of the community, and value their contributions. <br> 2. Do respect people's right to confidentiality and understand the potential risk of violence and discrimination that people can face if their status is known. <br> 3. Do consider the need for gender-neutral public toilet facilities as well as ones separated by male/female. <br> 4. Do build links with organizations that work with or advocate for the rights of people who identify as being SGM to gain their experience and knowledge about good practices. In urban areas, ask them to identify if there are any SGM communities who may be excluded, and if they can forge a link with the programme to establish how much they feel able to engage and to reduce protection risks. | 1. Don't make assumptions about gender identity and sexual orientation. <br> 2. Don't try to identify who might be from a sexual and gender minority. This can put them at serious risk of violence, harassment or discrimination (including, for some, at risk of death). <br> 3. Don't ever highlight the SGM status of individuals without their consent. |

## Annex V.9 **People living with HIV/AIDs**

| DO'S | DONT'S |
|---|---|
| 1. Do be aware that people may often want to keep this issue confidential. | 1. Don't use abbreviations such as PLWH/A or PLWH except where brevity is required (on graphs etc.) <br> 2. Don't stigmatize a person by marking them on a community map. |

## Annex V.9 **People living with HIV/AIDs** (continued)

| DO'S | DONT'S |
|------|--------|
| 2. Do consider arranging a separate triggering meeting for people living with HIV/AIDS, especially in contexts where people living with HIV/AIDS face extreme stigma. The meeting should take place somewhere they feel safe to speak out. For example, at community support centres where they receive their medicine.<br><br>3. Do be mindful that people in advanced stages of AIDS may be bed bound and are likely to require additional sanitation and hygiene materials, such as extra sheets, bedpans or sitting aids.<br><br>4. Do explain to family members and/or caregivers that it is necessary to take extra care when handling faeces or cleaning soiled clothing from someone living with HIV/AIDS (e.g. washing hands frequently or wearing undamaged gloves). | |

## Annex V.10 **People with incontinence**

Incontinence is very difficult to manage and is a very stigmatizing issue that can highly affect a person's dignity, restrict a person's ability to function in daily activities, and restrict the lives of their carers. It also poses significant health risks, both for the person living with it (a person can become very ill or even die from bed sores or urinary tract infections) and due to the spread of faeces if it cannot be managed hygienically. People with incontinence tend to need approximately five times as much soap and water as a person without incontinence.

| DO'S | DONT'S |
|------|--------|
| 1. Do discuss with health professionals what the best ways are to support people with incontinence (urinary or faecal) and provide referral options for health facilities if someone has not already made this contact. | 1. Don't be embarrassed to talk about incontinence, but always do so in private. Managing incontinence can be a big problem for people who suffer from it and their carers, so they may be very appreciative of any useful advice or support provided. |

## Annex V.10 **People with incontinence** (continued)

| DO'S | DONT'S |
|---|---|
| 2. Do inquire if there is any support that the community could provide to people with incontinence or their families. This can include, for example, provision of a bedpan or mattress protection sheets; provision of additional sanitation or hygiene items (including soap and cloths); support to have a commode chair next to the bed; provision of information on reusable materials that can be purchased to soak up fluids/faeces.<br>3. Do discuss with the person and their carer how they are managing and whether they need any extra support. | |

ANNEX

# VI References and resources

| Document name | Type | Notes | Citation |
|---|---|---|---|
| **CLTS and EQND (general)** | | | |
| Equality and non-discrimination in sanitation programmes at scale (Frontiers of CLTS) | Resource | Based on the findings of the GSF EQND study (above), this issue of Frontiers of CLTS looks at who should be considered potentially disadvantaged, how they can effectively participate, and what may be needed to address diverse needs in order to make processes and outcomes sustainable and inclusive. | House, S., Cavill, S. & Ferron, S. (2017b). Equality and non-discrimination (EQND) in sanitation programmes at scale. Frontiers of CLTS: Innovations and Insights, (10). Retrieved from http://www.communityledtotalsanitation.org/resources/frontiers |
| Available in English, French and Portuguese | | | |
| Scoping and Diagnosis of the Global Sanitation Fund's Approach to Equality and Non-Discrimination | Study | In 2016, the Global Sanitation Fund (GSF) recruited an independent team of experts to undertake an in-depth two-part diagnosis of the GSF's approach to equality and non-discrimination (EQND). Several recommendations are offered to better integrate EQND throughout CLTS-based programmes which are relevant for both on-the-ground facilitators and programme managers. | House, S., Ferron, S., & Cavill, S. with Tiberhien, J.E. (2017a). Scoping and Diagnosis of the Global Sanitation Fund's Approach to Equality and Non-Discrimination. Geneva: WSSCC. Retrieved fromhttp://wsscc.org/resources-feed/scoping-diagnosis-global-sanitation-funds-approach-equality-non-discrimination/?_sf_s=EQND Available in English and French |
| **CLTS (general)** | | | |
| Sustainable sanitation for all: Experiences, challenges, and innovations | Book | Describing the landscape of sustainability of CLTS and sanitation with examples from Africa and Asia; the book captures a range of experiences and innovations from a broad range of institutions and actors within the WASH sector and offers recommendations and practical suggestions for policy and practice for practitioners, funders, policymakers and governments. | Bongartz, P, Vernon, N. & Fox, J. (Eds.). (2016). Sustainable sanitation for all: Experiences, challenges, and innovations. Rugby: Practical Action Publishing. Retrieved from https://www.pseau.org/outils/ouvrages/practical_action_sustainable_sanitation_for_all_experiences_challenges_and_innovations_2016.pdf |

| Document name | Type | Notes | Citation |
|---|---|---|---|
| Facilitating 'Hands-on' Training Workshops for CLTS: A Trainers' Training Guide | Manual | The guide includes useful information on how to organize, conduct and follow-up CLTS training of facilitators for trainers all around the world. This handbook is also helpful for those who manage and supervise trainers and facilitators by allowing them to appreciate the flexibility, specific support needs and special ways of working that CLTS entails. | Kar, K. (2010). Facilitating 'Hands-on' Training Workshops for CLTS: A Trainers' Training Guide. Geneva: WSSCC. Available from http://wsscc.org/resources-feed/facilitating-hands-training-workshops-community-led-total-sanitation |
| CLTS Handbook | Manual | This foundational text provides a comprehensive and practical overview of CLTS, providing a step-by-step guide on implementing each step of the CLTS continuum: pre-triggering, triggering, post-triggering and going to scale. Essential reading for all practitioners, the CLTS Handbook is illustrated with examples and case studies from around the world. | Kar, K. and Chambers, R. (2008). Handbook on Community-led Total Sanitation. London: Plan International (UK). Retrieved from http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/cltshandbook.pdf |
| Promising pathways: Innovations and best practices in CLTS at scale in Madagascar | Book (case study) | Promising pathways describes Madagascar's experience in taking CLTS beyond a bounded, project-based framework and towards a national movement. Based on field research and written for practitioners, this book distils the strategies, innovations and models for taking CLTS to a national scale that can be applied to other contexts. | Milward, K., Pradhan, S., & Paster, K. (2014). Promising pathways: Innovations and best practices in CLTS at scale in Madagascar. Kolkata: CLTS Foundation. Retrieved from https://www.wsscc.org/wp-content/uploads/2016/03/Promising-Pathways-Innovations-and-best-practices-in-CLTS-at-scale-in-Madagascar-ENGLISH.pdf |
| CLTS and the Right to Sanitation (Frontiers of CLTS) | Resource | This issue of Frontiers gives a fuller understanding of human rights for CLTS practitioners to help improve practice by exploring whether CLTS reflects and promotes a rights-based approach to sanitation, in what areas the approach does so, and what potential incompatibilities exist. | Musembi, C. & Musyoki, S. (2016). CLTS and the Right to Sanitation. Frontiers of CLTS, (8). Retrieved from http://www.communityledtotalsanitation.org/resources/frontiers

Available in English, French, and Portuguese |
| Tales of shit: Community-Led Total Sanitation in Africa | Book (volume of case studies) | This themed issue of the Participatory Learning and Action Series provides examples of implementing CLTS in Africa which highlights emerging issues, challenges, and innovations in Africa covering community-level processes, management/organizational changes, going to scale and tips for trainers. | Musyoki, S. M., Bongartz, P. & Milligan, A. (Eds.). (2010). Tales of shit: Community-Led Total Sanitation in Africa: Participatory learning and action series (Vol. 61). London: IIED. Retrieved from http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/PLA61_full.pdf |

ANNEX

| Document name | Type | Notes | Citation |
|---|---|---|---|
| Follow-up MANDONA Handbook | Manual | Follow-up MANDONA (FUM) is an action-oriented, collective approach for post-triggering follow-up visits useful for quickly reaching ODF status, addressing 'slippage', and prompting community support for people who may be disadvantaged. This handbook provides a practical, step-by-step guide for how CLTS practitioners around the world can implement FUM in their own contexts. | WSSCC & FAA. (2016). Follow-up MANDONA Handbook. Geneva: WSSCC. Retrieved from http://wsscc.org/resources-feed/follow-mandona-field-guide-accelerating-sustaining-open-defecation-free-communities-community-led-total-sanitation-approach/ |
| Sanitation and Hygiene Behaviour Change at Scale: Understanding Slippage | Resource | This paper explores how to discern slippage nuances and patterns, strategies to address, pre-empt and mitigate it as well as alternative monitoring systems that capture the complexity of slippage more fully. The analysis and reflections are based on direct field experience, primarily from the GSF-supported programme in Madagascar. | Matilda Jerneck, Carolien van der Voorden, Clara Rudholm. (2016). Sanitation and Hygiene Behaviour Change at Scale: Understanding Slippage. Geneva: WSSCC. Retrieved from https://www.wsscc.org/resources-feed/sanitation-hygiene-behaviour-change-at-scale-understanding-slippage/ |
| **Disability** | | | |
| Dialogue circle on social inclusion – Guidance note | Tool | Guidance notes on how to facilitate dialogue circles with community members on challenges faced by some people to access and use latrines. | Jones, H. (2015). Dialogue circle on social inclusion – Guidance note. Plan International & WEDC. Retrieved from https://wedc-knowledge.lboro.ac.uk/resources/learning/EI_Dialogue_circle_on_social_inclusion_guidance_note.pdf |
| Equity and Inclusion in Water, Sanitation, and Hygiene: Learning materials | Tools | A series of practical learning materials for practitioners on integrating equity and inclusion into WASH interventions at the community level.  Resources include:<br>• Squatting activity (Facilitator note)<br>• Applying the social model to WASH<br>• Identifying barriers to WASH<br>• Identifying solutions to WASH<br>• Carrying out an Accessibility Audit (Facilitator note)<br>• Accessibility and safety audit forms (for latrines, school latrines and water points) | Jones, H. (2013). Equity and Inclusion in Water, Sanitation, and Hygiene: Learning materials. WaterAid & WEDC. Retrieved from: https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/general.html |

| Document name | Type | Notes | Citation |
|---|---|---|---|
| CLTS plus: making CLTS ever more inclusive | Study | This conference paper is a summary of a study carried out in Malawi aimed to find out if CLTS facilitators could change their practice to focus more on disability after a short three days training. The paper covers what facilitators were trained on, as well as a reflection on the results. | Jones. H., Singini, W., Holm, R.H. & White, S. (2016). CLTS plus: making CLTS ever more inclusive. Paper presented at the 39th WEDC International Conference, Kumasi, Ghana, 2016. Retrieved fromhttp://www.communityledtotalsanitation.org/ sites/communityledtotalsanitation.org/files/Jones_Making_ CLTS_ever_more_inclusive.pdf |
| Compendium of accessible WASH technologies | Resource | An illustrated summary of accessible WASH technologies. The compendium focuses on technologies that can be designed locally, offers technical guidelines and provides a breakdown of advantages, disadvantages, potential improvements and cost/labour for various options. | Jones, H. & Wilbur, J. (2014). Compendium of accessible WASH technologies. WEDC, WaterAid & SHARE. Retrieved fromhttps:// washmatters.wateraid.org/publications/compendium-of-accessible-wash-technologies<br><br>Available in English, French, and Portuguese. |
| Cambodia: Count me in (instructional videos) | Videos | This film series provides short, illustrated guides on how to integrate equity and inclusion for people with disabilities into community WASH interventions – including for several tools noted above. Videos in this playlist include:<br>• How to do an accessibility and safety audit<br>• How to do a barrier analysis<br>• How to identify people with disabilities<br>• How to partner with a DPO (disabled persons organization) | WaterAid & Epic Arts. (2016, July 6). Cambodia: Count me in (instructional video playlist). Retrieved from https:// www.youtube.com/playlist?list=PLc-oawالسTIDS2ht3B_ Es7MEr3acVo8geV3; |
| Disability: making CLTS fully inclusive (Frontiers of CLTS) | Resource | This issue of Frontiers of CLTS outlines the reality of the experiences of disabled people, the varied nature of their needs and how they can be met. It includes practical recommendations for people engaged in CLTS to make the different phases and processes more inclusive. | Wilbur, J. and Jones, H. (2014). Disability: making CLTS fully inclusive. Frontiers of CLTS: Innovations and Insights, (3). Retrieved from http://www.communityledtotalsanitation.org/ resources/frontiers/disability-making-clts-fully-inclusive |

ANNEX

| Document name | Type | Notes | Citation |
|---|---|---|---|
| **Violence** | | | |
| Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence (Frontiers of CLTS) | Resource | This issue of Frontiers offers a summary of the Violence, Gender & WASH toolkit (above) in the context of CLTS and is useful for facilitators to understand the issues surrounding safety and security with practical examples on community feedback, facilitating female participation and representation, and safety mapping. | House, S. & Cavill, S. (2015). Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence. Frontiers of CLTS: Innovations and Insights, (5). Retrieved from http://www.communityledtotalsanitation.org/resources/frontiers/making-sanitation-and-hygiene-safer-reducing-vulnerabilities-violence |
| Violence, Gender & WASH: A practitioner's toolkit | Tools | This toolkit outlines the link between WASH and gender violence and offers guidance on how practitioners can make their interventions safer and more effective. The key documents are the four briefing notes and the associated checklists. The other materials in the toolsets (case studies, checklists, videos, training scenarios, etc.) may be drawn on as required. | House, S., Ferron, S., Sommer, M. & Cavill, S. (2014). Violence, Gender & WASH: A practitioner's toolkit: Making water, sanitation and hygiene safer through improved programming and services. London, UK: WaterAid & SHARE. Retrieved from http://violence-wash.lboro.ac.uk/ |
| **Menstrual Hygiene Management** | | | |
| Menstrual hygiene matters: Training guide for practitioners | Resource/manual | • A comprehensive and practical resource and training tools on MHM, which could be adapted for use at community level: <br> • A comprehensive resource book on MHM, covering a synthesis of good practices. Nine modules are covered: the basics, getting started, sanitation protection materials and disposal, working with communities, working with schools, working in emergencies, supporting girls and women in vulnerable situations, menstruation in the workplace, research, monitoring and advocacy. <br> • A training guide which includes eight session plans, each with their own facilitation guides, handouts, PowerPoints and short films. | Mahon, T., & Cavill, S. (2012). Menstrual hygiene matters: Training guide for practitioners. WaterAid & SHARE. Retrieved from https://washmatters.wateraid.org/publications/menstrual-hygiene-matters |

| Document name | Type | Notes | Citation |
|---|---|---|---|
| Breaking the Next Taboo: Menstrual Hygiene within CLTS | Resource | This issue of Frontiers illustrates how CLTS programmes can be expanded to address MHM in schools, sharing learning, recommendations, innovations and experiences from multiple organizations. Available in English, French, Portuguese and Khmer. | Roose, R., Rankin, T., & Cavill, S. (2015). Breaking the Next Taboo: Menstrual Hygiene within CLTS. Frontiers of CLTS: Innovations and Insights, (6). Retrieved from http://www.communityledtotalsanitation.org/resources/frontiers/breaking-next-taboo-menstrual-hygiene-within-cltsclts |
| Menstrual Hygiene Management Toolkit | Tools | A toolkit for teachers or other facilitators to carry out MHM programs or activities. Contains practical exercises and tools for use in schools. | SPLASH. (2015). Menstrual Hygiene Management Toolkit. Washington D.C: USAID & WASHplus. Retrieved from http://www.washplus.org/resources/tools/2015/09/30/splash-menstrual-hygiene-management-toolkit.html |
| Menstrual hygiene management training manuals | Manual/tools | A series of menstrual hygiene management training tools including guidance and useful exercises. | WSSCC. (2013a). WASH & Health Practitioners: MHM Training Manual. Geneva: WSSCC & the Government of India. Retrieved from http://wsscc.org/resources-feed/mhm-training-manual-wash-health-practitioners/  WSSCC. (2013b). WASH & Health for Menstrual Hygiene Management: Training of Trainers Manual. Geneva: WSSCC & the Government of India. Retrieved from http://wsscc.org/resources-feed/training-of-trainers-manual-wash-and-health-for-menstrual-hygiene-management/  WSSCC. (2013c). MHM Lab Convenor's Manual. Geneva: WSSCC & the Government of India. Retrieved from http://wsscc.org/resources-feed/mhm-lab-convenors-manual/ |

ANNEX

| Document name | Type | Notes | Citation |
|---|---|---|---|
| **Incontinence** | | | |
| Guidelines for strategies for hygiene at home for people with high support needs | Manual | This guide provides practical strategies and tips for supporting people who have high support needs with their personal hygiene. It includes how to lift someone safely to the toilet or bathing area and support for people with incontinence, including how to make local incontinence underwear and important guidance on risks to people's health. It was prepared for a Sri Lankan context but most of the guidance is transferrable to other areas.<br><br>(However, the recommendation to use towelling as the inner layer for the reusable underwear should be reconsidered, and different options should be tested, as it is likely to be too rough and not keep the liquid away from the skin). | World Vision and CBM Australia. (2018) Learning from experience: Guidelines for locally sourced and cost-effective strategies for hygiene at home for people with high support needs. Retrieved from http://www.cswashfund.org/shared-resources/tools/learning-experience-guidelines-locally-sourced-and-cost-effective-0 |
| **Gender** | | | |
| Working effectively with women and men in water, sanitation and hygiene programmes | Resource | This guide provides ideas for making WASH approaches more sensitive and responsive to the views, status, needs and responsibilities of both women and men. The guide provides several useful tools which can build on existing CLTS approaches. | Halcrow, G., Rowland, C., Willetts, J., Crawford J. & Carrard, N. (2010). Resource Guide: Working effectively with women and men in water, sanitation and hygiene programmes. Sydney: International Women's Development Agency and Institute for Sustainable Futures. Retrieved from http://www.inclusivewash.org.au/_literature_68164/Working_effectiveley_with_women_and_men_in_water_and_sanitation_programs |

| Document name | Type | Notes | Citation |
|---|---|---|---|
| Gender and WASH monitoring tool | Manual | This manual comprises instructions to facilitate a series of participatory rural appraisal (PRA) activities. For communities, these activities aim to raise awareness about gender roles and promote gender equality. For facilitators, these activities help staff to develop their understanding of gender analysis, develop practical skills for gender monitoring, and collect sex-disaggregated information. | Leong, L., Nicholson, K., Elkington, D. & Hogan, E. (2014). Gender and WASH Monitoring Tool. Sydney: Plan International Australia. Retrieved from https://www.plan.org.au/~/media/plan/documents/resources/gwmt-march-2014.pdf |

## Monitoring and accountability

| Document name | Type | Notes | Citation |
|---|---|---|---|
| WASH Accountability Resources: Ask, Listen, Communicate | Resource | This resource contains useful guidance, case studies and tools for improving the accountability of WASH interventions and can be adapted to a CLTS context. | Ferron, S. (2009). Ask, Listen, Communicate, WASH Accountability Resources. New York: UNICEF. Retrieved from http://violence-wash.lboro.ac.uk/vgw/Supporting-documents/VGW-5-Good-practice-Violence-WASH-Emergencies/WASH-Cluster-WASH-accountability-handbook.pdf |
| Vulnerability and WASH: Data collection tools | Tools | These nine mixed-method data collection tools focus on WASH access and use, disability, aging, chronic illness, MHM, safety and security. These tools can be a starting point for evaluating the impact on equity a CLTS intervention has had.<br><br>• A quantitative household survey for the household head<br>• A quantitative survey for disabled, older or chronically ill people living in the same household<br>• Ministry-level interviews<br>• Community focus group discussions<br>• Local officials/community leaders key informant interviews<br>• School questionnaire and observation tool<br>• In-depth semi-structured individual interviews for disabled, older and chronically ill people<br>• A latrine observation checklist<br>• A water point observation checklist | WaterAid, WEDC, Leonard Cheshire Disability & LSHTM. (2014). Vulnerability and WASH: Data collection tools. Retrieved from https://washmatters.wateraid.org/publications/undoing-inequity |

**ANNEX**

## WASH & human rights

| Document name | Type | Notes | Citation |
|---|---|---|---|
| Realizing the human rights to water and sanitation: A Handbook | Handbook | This Handbook is a practical guide explaining the meaning and legal obligations that stem from the human rights to safe drinking water and sanitation, translating the often-complicated legal language into information that can be readily understood by practitioners, including government officials and members of civil society organizations. | De Albuquerque, C. (2014). Realizing the human rights to water and sanitation: A Handbook by the UN Special Rapporteur. Retrieved from http://www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/Handbook.aspx |
| CLTS and the Right to Sanitation (Frontiers of CLTS) | Resource | This issue of Frontiers offers a simple analysis of rights in relation to CLTS. A very useful analysis for anyone who is trying to better understand this complex issue. | Musembi, C. N. & Musyoki, S. M. (2016). CLTS and the Right to Sanitation. Frontiers of CLTS: Innovations and Insights, (8). Retrieved from https://www.ids.ac.uk/publication/clts-and-the-right-to-sanitation |
| Equality, non-discrimination and inclusion toolkit | Manual/toolkit | This toolkit, available in English, Portuguese and French, gives practical guidance and support on reducing inequalities in programme and advocacy work. It introduces the most important equality, non-discrimination and inclusion principles, and includes practical activities, tools and checklists for you to apply to your work with partners and communities. | WaterAid. (2018). Understanding and addressing equality, non-discrimination and inclusion in water, sanitation and hygiene (WASH) work. London, UK: WaterAid. Retrieved from https://washmatters.wateraid.org/publications/equality-non-discrimination-and-inclusion-toolkit |

WSSCC is a United Nations-hosted organization dedicated to advancing Sustainable Development Goal (SDG) Target 6.2 on sanitation and hygiene. Established in 1990, WSSCC is devoted to sanitation and hygiene, paying special attention to the needs of women, girls and people in vulnerable situations. In collaboration with members in 150 countries, it advocates for the billions of people worldwide who lack access to adequate and equitable sanitation, shares solutions that empower communities, and operates the Global Sanitation Fund which, since 2008, has committed over US$ 119 million to transform lives in developing countries.

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