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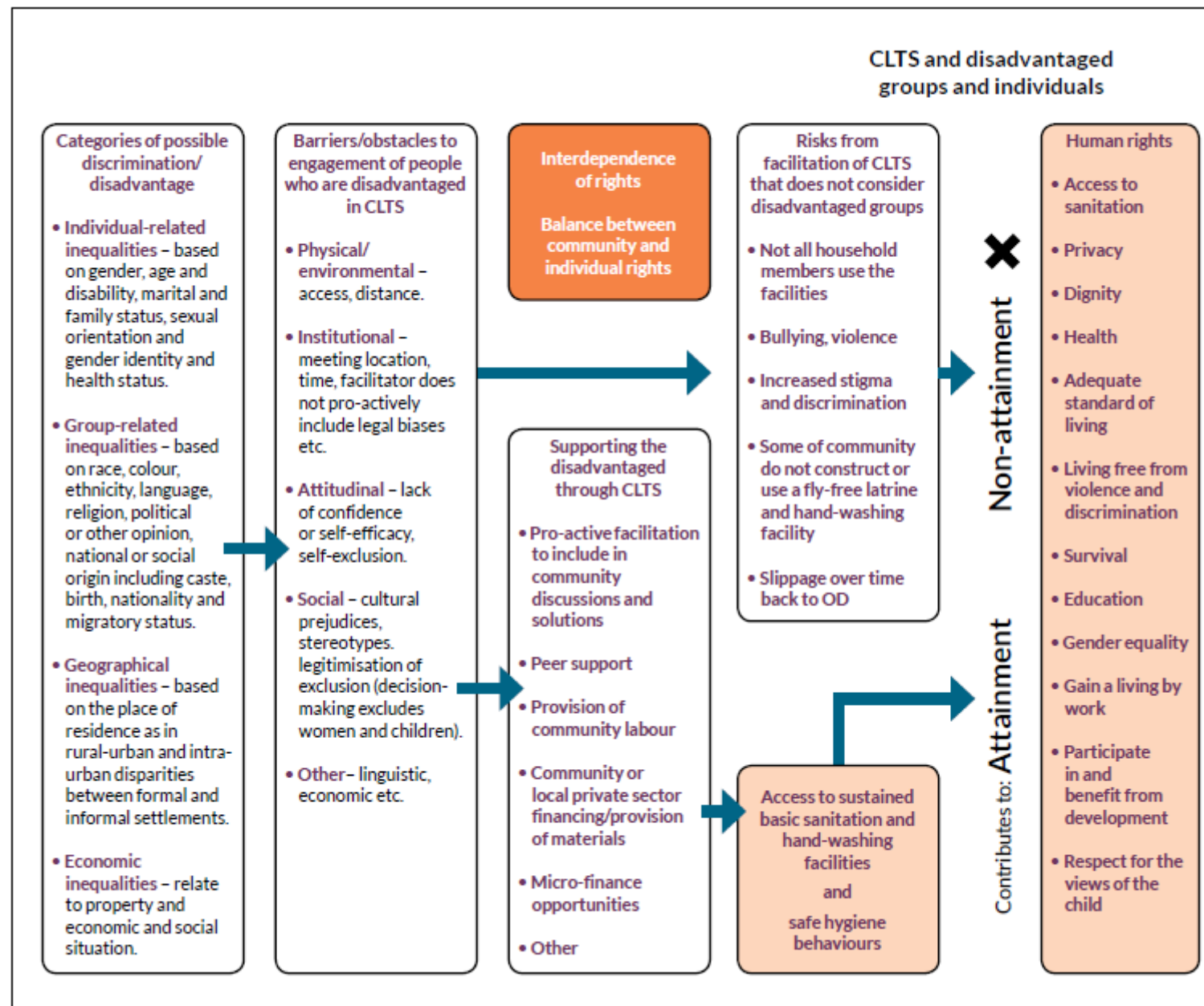
# **Equality and Non- Discrimination in Sanitation Programmes at Scale**

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**CLTS Knowledge Hub @ IDS**

***Strengthening and broadening CLTS at scale***

**SanCop 23<sup>rd</sup> November 2017**



# How do you define inclusion?

Equity and inclusion (E&I)	'Equity and Inclusion' is used by WaterAid and the Water, Engineering and Development Centre (WEDC), particularly in relation to accessible facilities for people with a disability
Equality and non-discrimination (EQND)	The Water Supply and Sanitation Collaborative Council and its funding arm, the Global Sanitation Fund, use Equality and Non-Discrimination in alignment with the increased focus and clarity on international rights as highlighted by the UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation.
Age, Gender, Diversity (AGD)	The United Nations High Commissioner for Refugees (UNHCR) uses the terms 'Age, Gender and Diversity' on equality related issues.

Source: House et al (2017) Equality and non-discrimination (EQND) in sanitation programmes at scale (part 1)

# Terminology

- Those who are ***'potentially disadvantaged'*** or those who ***'may be disadvantaged'*** (which includes individuals and groups who may be vulnerable, marginalised, excluded or actively discriminated against, or experiencing inequities, inequalities or stigma).
- ***Those 'least able to provide sustainable and accessible sanitation for themselves'***

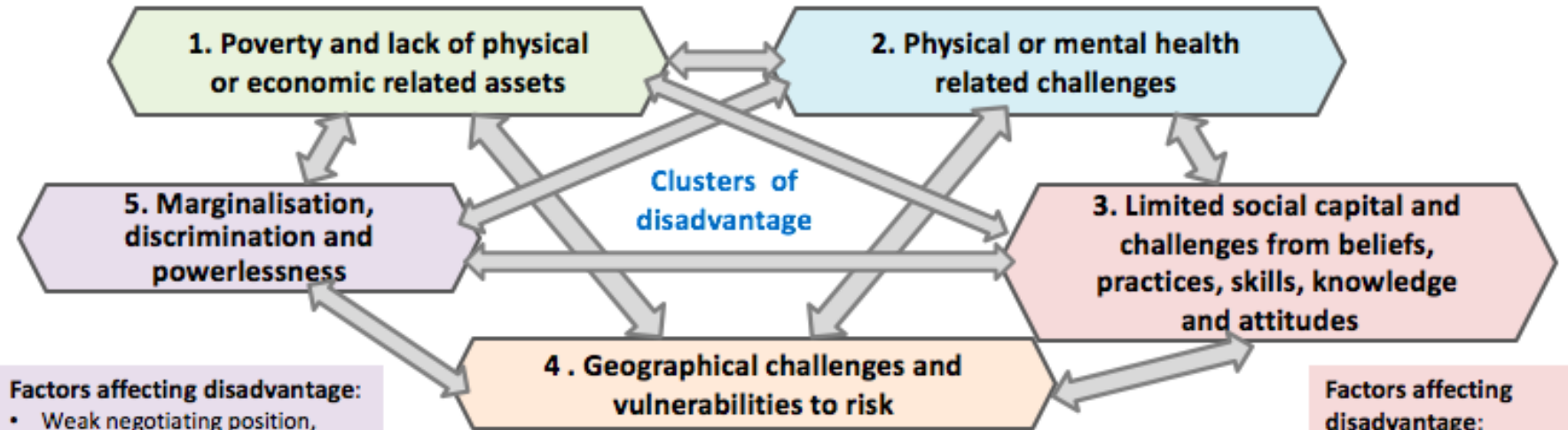
What are the major challenges for the sanitation sector in achieving inclusivity?

**Factors affecting disadvantage:**

- Small house or rent
- Little or no land
- Few or no livestock
- Limited or no savings
- All family members work including children unless they are too young, old or sick
- Work is based on low paid daily labour
- Majority of income from social security (disability or senior citizens allowance)
- Difficulty to make a living adequate to support family

**Factors affecting disadvantage:**

- Adults unable to work due to illness or disability (physical or mental health related)
- Migration of active adults (leaving less physically able family members)
- Adults unable physically construct a latrine
- People needing accessibility features or with specific sanitation and hygiene needs



**Factors affecting disadvantage:**

- Weak negotiating position, ignorant of the law, difficult to obtain employment
- Individual factors affecting power within household and society such as gender, age, disability
- Marginalised or minority individual or group
- People who need to be cared for or under the control of others

**Factors affecting disadvantage:**

- Remote community, may lack access to markets or information
- High water table, rocky soils, sandy soils
- Lack of access to natural resources such as timber through deforestation or arid / semi-arid conditions
- People living in low income high density or informal settlements
- Affected by conflict or natural disasters
- Internally displaced or refugees
- Unforeseen circumstances for household such as crop failure, accident, sickness, funeral

**Factors affecting disadvantage:**

- People affected by beliefs and practices
- Limited skills and knowledge or problematic attitudes
- Limited social resources: limited or no networks, connections

**Notes:** a) The arrows indicate the interconnectedness of each factor to the other factors; b) An individual or group affected by more than one factor is likely to be more disadvantaged than an individual or group affected by just one; c) This figure has been adapted from Chambers, R (1983) analysis of the deprivation trap related to rural communities.

# What are the big opportunities?

## All who may be considered potentially disadvantaged

(vulnerable, marginalised, excluded or actively discriminated against, experiencing inequities, inequalities, or stigma)

### Category A

Those who are likely to be able to construct, access and maintain a latrine themselves

### Category B

Those who are not likely to be able to construct, access and maintain a latrine themselves - but either:

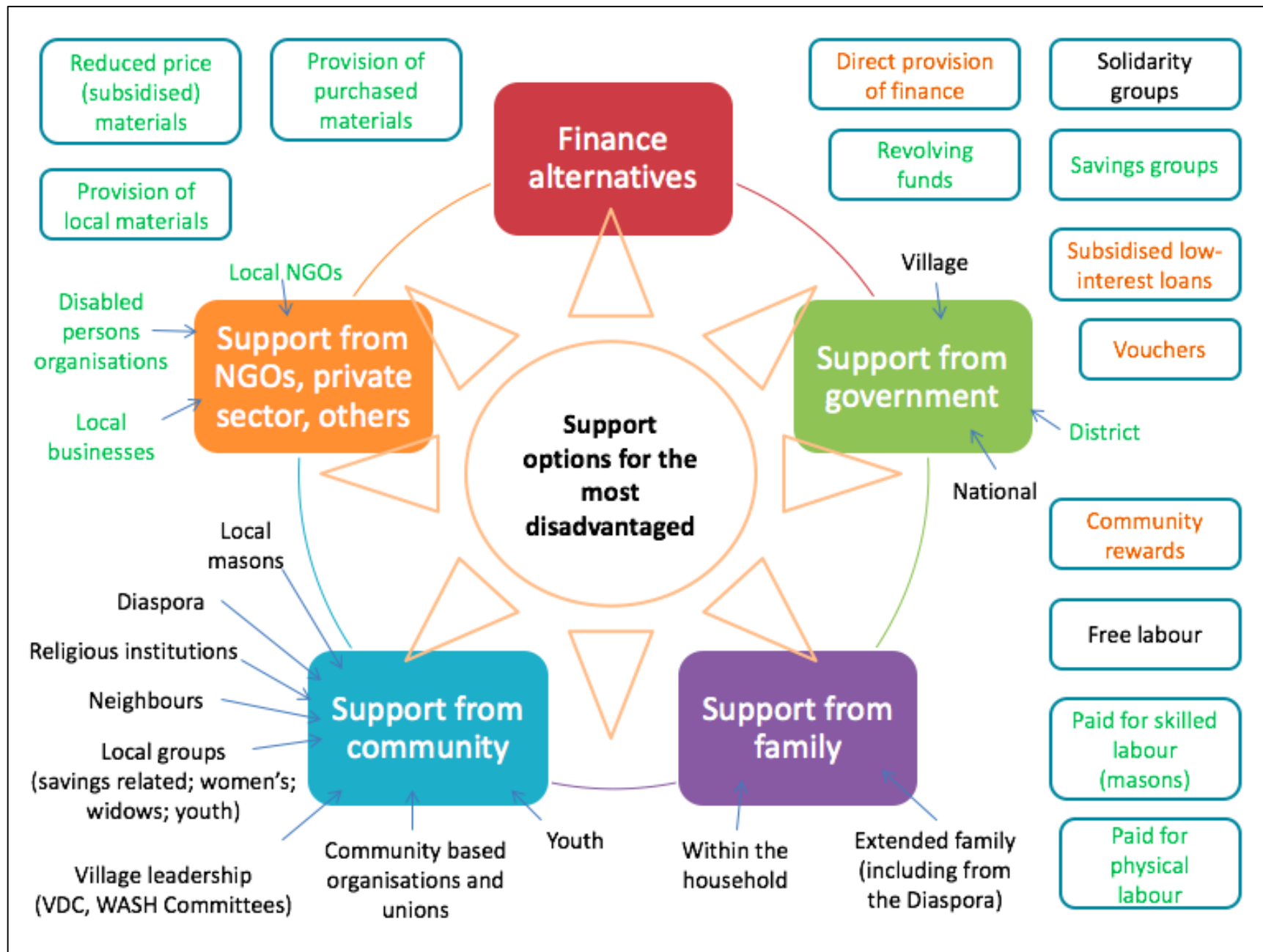
1. They have extended family members who can support them
2. They can afford to pay for the materials and someone to do the work

### Category C

Those who are not able to construct, access and maintain a latrine themselves – and they:

1. Do not have extended family members who can support them
2. They would find it very difficult to pay for 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

What are the key next steps?



## Supporting the Least Able Throughout and Beyond CLTS

Jamie Myers (Institute of Development Studies), Louise Maule (UNICEF), Michael Gnilo (UNICEF), Robert Chambers (Institute of Development Studies) and Sue Cavill (Independent Consultant).

Since its conception in 1999, Community-Led Total Sanitation (CLTS) has spread to over 60 countries and resulted in millions of people across the world living in open defecation free (ODF) communities. The approach was a departure from subsidy-driven sanitation programming which often led to uneven adoption and only partial use. CLTS enabled communities to own the process and collectively work towards becoming ODF. However, since its implementation at scale a number of challenges have appeared. Emerging evidence is suggesting a need to better support the most disadvantaged with accessible and sustainable sanitation facilities.

This Learning Brief presents emerging principles and action points to strengthen intra-community support and introduce external support mechanisms for the least able when necessary and appropriate. It is one of several outputs from an Asia-region workshop convened in the Philippines by the CLTS Knowledge Hub and UNICEF between 24-28 May 2017. Other resources can be found at: [communityledtotalsanitation.org/resources/supporting-least-able-throughout-and-beyond-clts](http://communityledtotalsanitation.org/resources/supporting-least-able-throughout-and-beyond-clts).

### Why Now?

In the Sustainable Development Goal era we must '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.' This global agreement means we can no longer focus on easy wins but must ensure no one is left behind.

Latrines built by the poorest and most vulnerable are more likely to collapse, be ill-maintained or unhygienic. A number of sustainability studies have shown that slippage is a serious risk and that it is most likely amongst those least able to build and maintain sanitation facilities by themselves (Cavill et al. 2015).

National sanitation policies, especially in certain Asian countries, set high standards for latrine designs that are often very difficult for the least able to afford and

build themselves. These policies also led to the construction of need emptying and other services.

As CLTS has been implemented in communities that do not have favourable conditions listed in the Handbook (Kar with C), these include:

- Challenging environments: coastal communities, sandy soils, areas prone to flooding
- Social challenges: multi-caste, faith-based, or other social capital
- Institutional challenges: resources are not enough to fund standard for triggering an institutional sustainability all at scale.

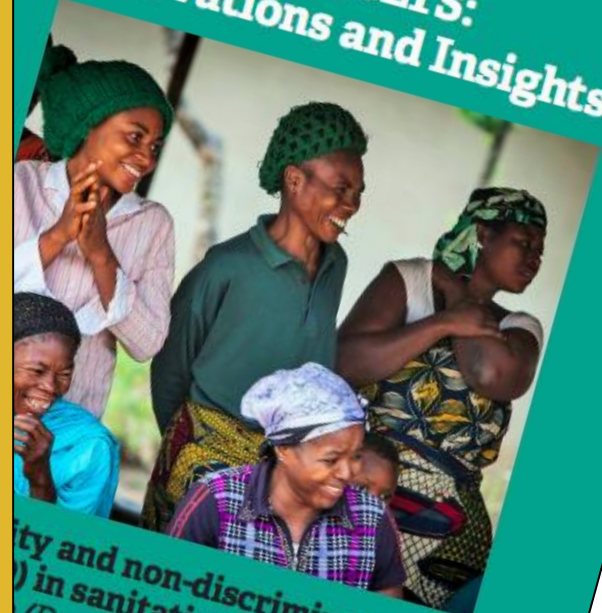


## Supporting the Poorest and Most Vulnerable in CLTS Programmes

CLTS KNOWLEDGE HUB LEARNING PAPER | Editors: Jamie Myers and Michael Gnilo | September 2017



## Frontiers of CLTS: Innovations and Insights



### Equity and non-discrimination in sanitation programmes (Part 1 of 2)

Sue Cavill and Suzanne Ferron  
September 2017





## Scoping and Diagnosis of the Global Sanitation Fund's Approach to Equality and Non-Discrimination

Authors: Dr. Sarah House, Suzanne Ferron, Dr. Sue Cavill  
With contributions from Dr. Jacques-Edouard Tiberghien, Partnerships in Practice



The Frontiers was based on a study carried out for the Global Sanitation Fund.

For the full study report, go to:

<http://wsscc.org/wp-content/uploads/2017/09/GSF-EQND-Study-web-EN-FINAL.pdf>