

Frontiers of CLTS: Innovations and Insights



Equality and non-discrimination (EQND) in sanitation programmes at scale *(Part 1 of 2)*

Sarah House, Sue Cavill and Suzanne Ferron

Issue 10, August 2017

CLTS Knowledge Hub at



Institute of
Development Studies

www.communityledtotalsanitation.org



About the CLTS Knowledge Hub

IDS has been working in support of Community-Led Total Sanitation (CLTS) since its beginnings. CLTS has now become an international movement for which IDS is the recognised knowledge hub.

The Knowledge Hub is dedicated to understanding the on-the-ground realities of CLTS practice and to learn about, share and promote good practices, ideas and innovations that lead to sustainability and scale. We seek to keep the CLTS community well connected and informed and to provide space for reflection, continuous learning and knowledge exchange. We work in collaboration with practitioners, policy-makers, researchers and others working in the development, sanitation and related communities.

Ultimately, the Hub's overarching aim is to contribute to the dignity, health and wellbeing of children, women and men in the developing world who currently suffer the consequences of inadequate or no sanitation and poor hygiene.

Front cover

WOMEN PARTICIPATING IN A CLTS
TRIGGERING EVENT IN OBANLIKU
LOCAL GOVERNMENT AREA, NIGERIA

CREDIT: UNITED PURPOSE/ JASON
FLORIO

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Part 1 of 2

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Correct citation: House, S., Cavill, S. and Ferron, S. (2017) 'Equality and non-discrimination (EQND) in sanitation programmes at scale', Part 1 of 2, *Frontiers of CLTS: Innovations and Insights* 10, Brighton: IDS

First published in 2017

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ISBN 978-1-78118-384-7

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Consent has been given to take and use all of the photos taken as part of the EQND study.

This document has been financed by the Swedish International Development Cooperation Agency, Sida. Sida does not necessarily share the views expressed in this material.

Responsibility for its contents rests entirely with the author.



Acknowledgements

This publication has been developed from the learning and recommendations identified through the Equality and Non-Discrimination (EQND) Scoping and Diagnosis process of the Water Supply and Sanitation Collaborative Council's (WSSCC) Global Sanitation Fund (GSF)-supported programmes in 13 countries. It also reflects some additional learning from a CLTS Knowledge Hub/ UNICEF workshop on supporting the poorest and most vulnerable at scale held in Tagyatay, Philippines, 24-28 May 2017.

Sincere thanks to all participants of the EQND study, particularly people who welcomed us into their villages and to their homes and were open to discussing sometimes sensitive issues, as well as implementers and other stakeholders at all levels; to the Tagyatay workshop participants; and to the reviewers of this publication:

- Aidan Cronin – UNICEF, Indonesia
- Carolien van Der Voorden and Patrick England – WSSCC / GSF
- Chander Badloe – UNICEF East Asia and Pacific Regional Office
- Gabrielle Halcrow – SNV Netherlands Development Organisation
- Jamie Myers, Petra Bongartz, Naomi Vernon and Robert Chambers – IDS CLTS Knowledge Hub

Please note that all case studies included in this document come from the GSF EQND study (2017) unless otherwise stated. For a full list of acknowledgements of those involved in the GSF EQND study please see the full report.

Download the full study:

<http://wsscc.org/wp-content/uploads/2017/08/GSF-EQND-Study-EN.pdf>

Download a summarised version with the Executive Summary, case studies and GSF reflections: <http://wsscc.org/wp-content/uploads/2017/08/GSF-EQND-Executive-Summary-EN.pdf>

Download the annexes: <http://wsscc.org/wp-content/uploads/2017/08/GSF-EQND-Study-Annexes-EN-FINAL.pdf>



Equality and non-discrimination (EQND) in sanitation programmes at scale

Part 1 of 2

Background to this edition of *Frontiers of CLTS*

The Global Sanitation Fund (GSF) is a pooled financing mechanism to support national sanitation and hygiene programmes, launched in 2008 by the Water Supply and Sanitation Collaborative Council (WSSCC). It has been supporting sanitation and hygiene at scale through collective behaviour change approaches in 13 countries in Africa and Asia. In 2016, WSSCC initiated a learning process to identify and analyse key factors impacting on equality and non-discrimination (EQND), within the 13 GSF-supported programmes in order to strengthen programming and contribute to the sector knowledge base.¹ Remote analysis was undertaken across the 13 country programmes and country visits were undertaken in: Malawi, Ethiopia, Senegal, Nigeria, Nepal and Togo. Contributors included more than 1,600 people (approximately 45 per cent female / 55 per cent male) including: older people, people with disabilities, women, men, youth and children, people from minority groups and people living in a range of geographical, challenging and socio-cultural contexts; community leaders and representatives of community based organisations; programme implementers; government leadership at district (and equivalent) and national level; and international actors at national and global levels.

It is believed that this study has been unique to-date in that it prioritised meeting and hearing from people who may be considered disadvantaged and considered a range of EQND related factors in relation to a sanitation programme at scale.

For more information see: House, S., Ferron, S. and Cavill, S. (2017) *Scoping and Diagnosis of the Global Sanitation Fund's Approach to Equality and Non-Discrimination (EQND)*, Water Supply and Sanitation Collaborative Council.

Download the full study:

<http://wsscc.org/wp-content/uploads/2017/08/GSF-EQND-Study-EN.pdf>

Introduction

A well-facilitated Community-Led Total Sanitation (CLTS) programme that pro-actively considers and involves people who might be disadvantaged can have many benefits. In the GSF EQND study, examples of the benefits of taking part in the CLTS process and gaining access to and using a latrine were expressed by people who may be considered disadvantaged (House et al 2017). These are highlighted in the box on the following page.

On the other hand, a CLTS process that does not pro-actively consider and involve people who might be disadvantaged can have negative impacts. The GSF EQND study identified a number of challenges in CLTS programmes that some people had faced. Through participatory discussions and analysis, the study identified suggestions on practical ways for strengthening CLTS and associated processes to better involve, consider, and support people who might be most disadvantaged.

This issue of *Frontiers of CLTS* shares and builds on the learning from the GSF EQND study, which examined EQND in relation to sanitation programmes being implemented at scale. It draws on existing global experience and looks at who should be considered potentially disadvantaged and how they can participate. It explores what the challenges may be if CLTS does not actively ensure that the potentially disadvantaged are involved and considered at each step. It concludes with suggested good practices that would strengthen the processes to the benefit of all.

This issue of *Frontiers of CLTS* supports the movement to ensure the human rights to water and sanitation and the attainment of the Sustainable Development Goals (SDGs) on including the hardest to reach, leaving no-one behind and ensuring water and sanitation for all.

Our hope is that this will contribute to speeding up the learning and practice in this area, so that as a sector we will be able to better reach the unreached and not only ensure that the rights of people who may be disadvantaged are met, but also make better use of their skills, knowledge and contributions as part of sanitation programmes globally. This will benefit everyone in each community and help to also contribute to ensuring that communities remain open defecation free (ODF) over the longer term.

The benefits of having taken part in the CLTS related processes and gaining access to a latrine expressed by people who may be considered disadvantaged

- Safety
- Convenience and ease-of-use
- Increased respect, confidence and self-esteem
- Health
- Dignity
- Not stepping on other people's shit (mentioned by people who are sight impaired)
- Improved environment
- Income generation
- Empowerment of disadvantaged groups
- Breaking down stereotypes
- Change in gender roles
- Increased sense of community / community cohesion
- Increased harmony in the household (noted by a woman in a polygamous household)
- Lead to further community development activities (such as total sanitation, immunisation)

Global experience: Focussing on people who may be disadvantaged in sanitation programmes at scale

A range of organisations have been working on EQND issues, with highest attention on disability and accessibility and on menstrual hygiene management (MHM) (House et al 2012; Jones 2013; Roose et al 2015). There is currently limited experience of pro-actively considering a range of EQND factors at scale in sanitation programmes or encouraging the involvement of a variety of people who may be disadvantaged for different reasons, rather than only one or two groups. But this is expected to change with the new focus of the Sustainable Development Goals (SDGs).

Examples of the increasing attention on people who may be disadvantaged in programmes, research and documentation, include:

- WaterAid and WEDC have produced a range of useful practical guidance related to accessibility and have documented their experiences through the 'Undoing inequity' project implemented in Zambia and Uganda (Danquah 2014; WaterAid 2016).
- SNV and the Institute for Sustainable Futures (ISF) have undertaken analysis focussed on pro-poor support strategies (Halcrow et al 2014).
- The South Asia WASH Results Programme, led by Plan International

- has been collecting some EQND related data at scale (Plan International and WEDC, pers comm.).
- UNICEF included a focus on equity in its review of programme evaluations (Toubkiss 2016).
- The Freshwater Action Network (FAN) and the WSSCC undertook consultations with women, adolescents, older people, people with disabilities and transgender people across eight countries in South Asia to be able to share their voices at the 2015 SacoSan Conference (FANSA and WSSCC 2015).
- The Netherlands Development Organisation (SNV) is currently embarking on a study of five of its country programmes (2017), which will be looking at EQND through analysing its approaches to 'reaching the last mile'.

The Australian Government in particular has over the years funded a range of research and programmes that have a significant EQND related component, particularly related to disability and WASH and is currently establishing a '[Women and Water Fund](#)' to support programmes that have a strong focus on women, girls and people with disabilities living in the poorest communities. The [Sanitation and Hygiene Applied Research for Equity \(SHARE\)](#) Consortium funded by the UK Government has produced a core body of research and good practice on EQND. The *Frontiers of CLTS* series have also focused on EQND issues (i.e. 3, 4, 5, 6, 7, 8). One of the most relevant and important pieces of research over the past few years is the CLTS Plus action research undertaken in Malawi (Jones et al 2016) which looked at how to practically integrate considerations related to disability into the training of CLTS facilitators. See box below.

CLTS Plus: Making CLTS more inclusive

A randomised control trial carried out in Malawi (involving CLTS processes in a total of 15 intervention and 15 control villages) aimed to find out if CLTS facilitators could change their practice to focus more on disability after a short three days training. On the last day of the training an action plan was developed by the facilitators themselves to identify additional pre-triggering, triggering and post-triggering actions that would help to make their work more inclusive. This included specifically inviting people with disabilities to come to 'triggering' sessions, adding a squatting demonstration to the triggering session and suggesting design modifications that could be made to toilets. The findings include: a significant

increase in awareness of the needs of people with disabilities, more engagement of people with disabilities in the CLTS process; increase in modifications made to toilets; and even unintended benefits such as the formation of disability groups and links with community based rehabilitation (CBR) networks, and increased success rates for attaining ODF overall.

Source: Jones et al (2016); White et al (2016) and personal communications.

National policies, strategies and plans also vary in terms of their strategic focus on EQND. For example, the Nepal Master Plan for Sanitation and Hygiene, 2011 (Steering Committee for National Sanitation Action, Nepal, 2011), included consideration of EQND related issues throughout various sections and elements are also considered in the Malawi National ODF Strategy (Malawi Government, 2015). While only one aspect of possible opportunities for strengthening EQND, both Nepal and Malawi allow subsidy support for the most disadvantaged, either near the end of the process to ODF (Nepal), or after ODF (Malawi). The Government of Cambodia has also prepared a national guideline on WASH for people with disabilities and older people in 2016 (Ministry of Rural Development, 2016). But some other country strategies, guidelines and training materials viewed have very little consideration of EQND issues. For example, the national CLTS training manual in Nigeria (Federal Ministry of Water Resources and UNICEF, no date), promotes awareness of the need to consider men, women and children as distinct groups in the mass triggering exercise, but does not consider other EQND related issues and does not note that there is a need to facilitate discussion on who might need support and what mechanisms might be needed to provide that support.

However, whilst there is some limited movement to more broadly address EQND in sanitation programmes, relevant strategies, guidelines and training materials do not necessarily result in changes on the ground.

Terminologies

There is frequent debate about which terminology is most appropriate to refer to those who might be vulnerable, marginalised or excluded, as this includes many different individuals and groups with many different needs. The use of a single term risks ignoring these variations. In addition, language can often be used (sometimes unintentionally) in a derogatory

and disrespectful way that is hurtful and that undermines people's dignity. The following table provides some of the current acronyms in use in the sector.

Table 1: Current overview acronyms used in the sector

Equity and inclusion (E&I)	'Equity and Inclusion' (E&I) is used by WaterAid (Jansz 2012; WaterAid 2013) and the Water, Engineering and Development Centre (WEDC), who have been highly engaged in the area of disability; and has been one of the most common terms utilised by those working on vulnerability related issues.
Equality and non-discrimination (EQND)	The WSSCC and its funding arm, the GSF, use Equality and Non-Discrimination (EQND) 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' (AGD) (UNHCR, 2011) when encouraging attention on equality related issues.

General principles

1. Establish a set of appropriate and respectful terminologies in each country and context

It is important to establish a set of appropriate and respectful terminologies in each country and context – both in the international and all local languages used in the programme area. However, 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 and programme staff need to be mindful of this.

2. Remember the adage: "Nothing about us, without us!"

Ask people and the organisations representing them what terms they prefer: do they prefer 'deaf' or 'hearing impaired' or 'person with a disability' to other terms? What works best in the local language?

Be guided by people's preferences on what is acceptable and what is unacceptable, derogatory or hurtful language.

3. Put the person first

If you use the term... *"A person with... a speech impediment, a mental health condition etc."* or *"A person who uses... a walking aid, a wheelchair etc."* then this is likely to be more respectful.

4. Tone is also important

The way that you speak to people and the tone of your voice is also important.

Some terminology is clearly unacceptable across contexts (such as retarded, dumb, spastic), but for others there may be differences in 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 people representing disabled people's organisations, do not appreciate this term. This is 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 organisation representing people who are deaf and hard of hearing in Nepal confirmed that deaf is an acceptable term and the World Council of the Deaf still use the term. Also in the Philippines, guidance from the disability sector is that the word 'impairment' is not considered an acceptable term.

One recommendation of the GSF EQND study, proposed the use of the overall term: 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)**. This aligns with the recommendation by De Albuquerque (2014), but with slight modifications including adding the words 'potentially' or 'may be' to recognise that not all people who may be considered to be in a disadvantaged position actually are.

Who might be disadvantaged in relation to use of sanitation?

Identifying people who may be disadvantaged can be complicated because people come with differing opinions, approaches, philosophies and understandings. The risk is that it is quite easy to end up including whole communities if general groups like 'women', 'children', 'the poor' are included. Whilst everyone will have a degree of disadvantage or advantage, in each context there will be people who are more disadvantaged than others and who will struggle to participate and to be able to build, access, use and maintain a latrine.

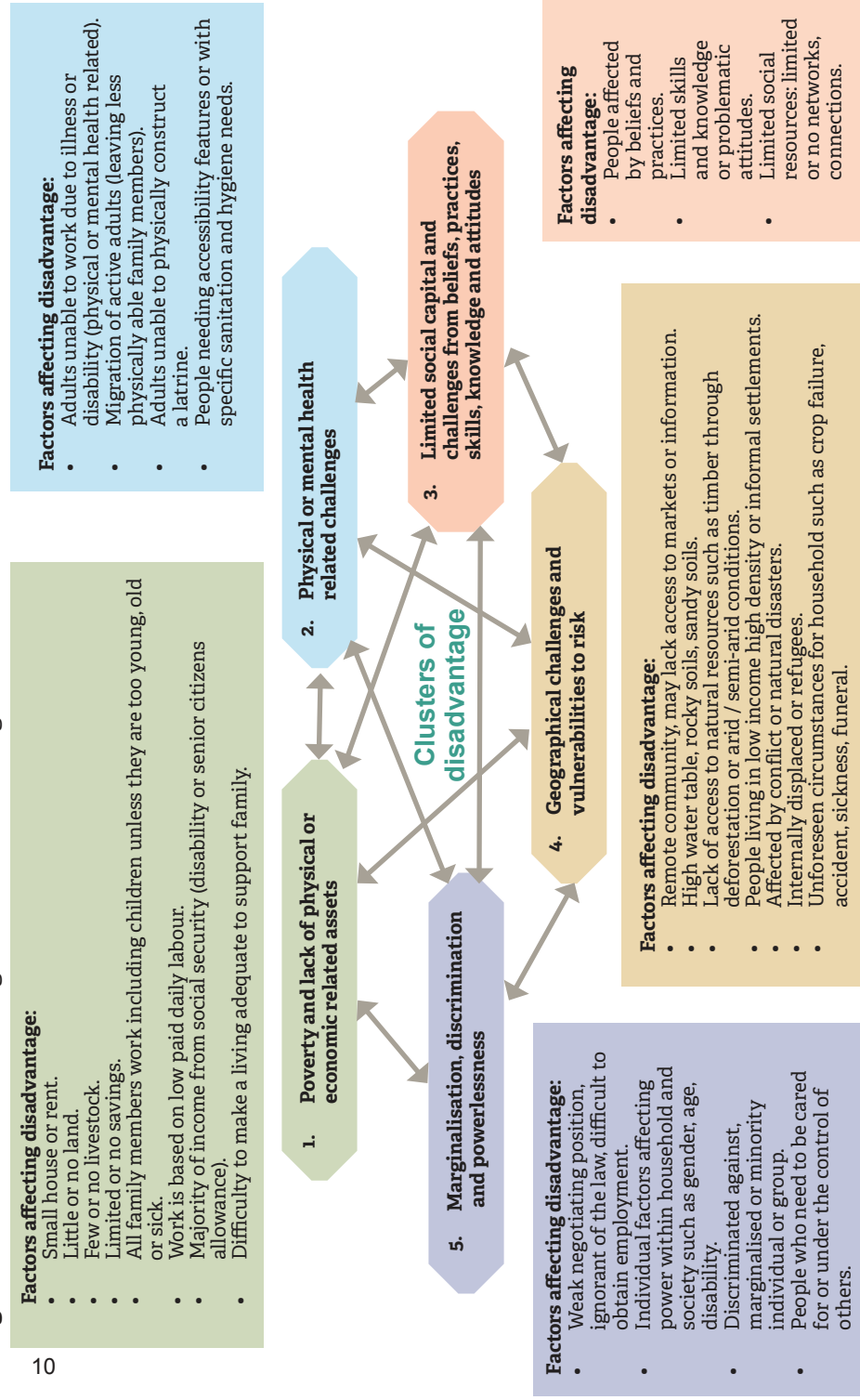
In relation to a sanitation programme, the purpose of identifying who might be disadvantaged is to:

1. Be aware of who might not be able to manage to physically construct, access, use or maintain a latrine without support from sources external to the family.
2. Reduce risks that building or maintaining a latrine may make a person or family more disadvantaged (for example because they have to sell limited assets and hence become less able to cope with future problems).
3. Be able to monitor the progress of the process on the people who might be considered disadvantaged and to ensure their inclusion and participation in the programme.

Using the 'Clusters of Disadvantage' (Figure 1), modified from Chambers (1983), can help group and organise the factors affecting disadvantage and also show how these factors overlap and are inter-related. These factors affect an individual or groups' ability to participate in CLTS processes or construct, access, use, or maintain a latrine. In particular, **physical ability, access to income and assets, and the existence or lack of support from family members** have significant impacts on whether a person will need support from within or external to the community. For example, if you are a person with disabilities or an older person heading a household, but have a business or a lot of savings, you are still likely to be able to construct a latrine that you can access and use. People that fall into more than one group are likely to be most disadvantaged (e.g. a widowed older woman with limited or no savings and no regular income looking after grandchildren alone and living in a flood affected area).

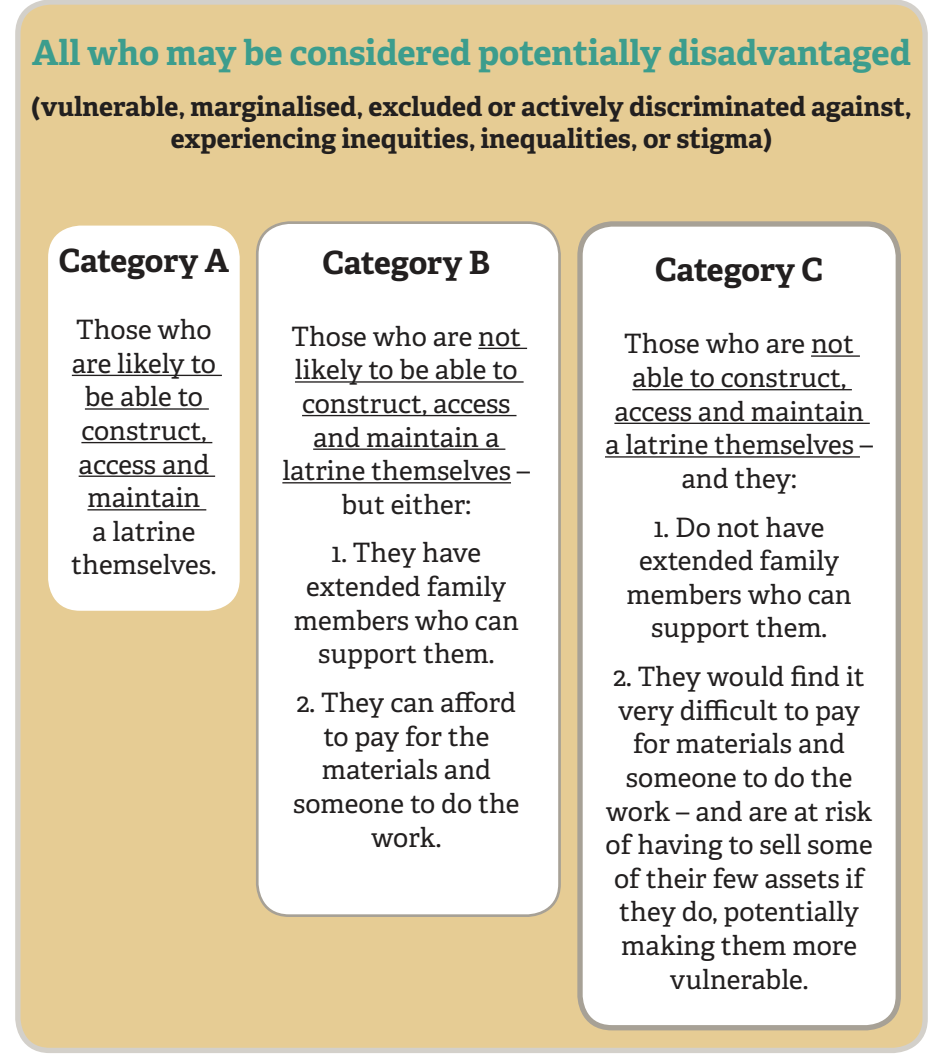
The A, B, C categorisation as indicated in Figure 2, may be a useful distinction for the community to use to differentiate between who needs support and who does not and also to prioritise follow-up. Communities do already use such reasoning to identify those who might need support, but a more systematic categorisation and follow-up system can help to ensure that people do not fall through the net.

Figure 1: Clusters of disadvantage and factors affecting them



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 (1983) analysis of the deprivation trap related to rural communities.

Figure 2: A, B and C categories of households from the perspective of who is likely to need support from outside the family



In CLTS programmes, EQND related considerations should be made at the following levels:

² All images in this document have been taken from: House, Ferron and Cavill (2017) *Scoping and Diagnosis of the Global Sanitation Fund's Approach to Equality and Non-Discrimination (EQND)*, Water Supply and Sanitation Collaborative Council.

Table 2: When EQND should be considered in relation to a sanitation programme

Level of consideration	When should this be considered
<u>Global</u> Differences in level of disadvantage between countries.	<ul style="list-style-type: none"> • Before deciding on new country programmes to support.
<u>National</u> Differences in level of disadvantage between areas within a country.	<ul style="list-style-type: none"> • When developing policies, strategies, guidelines and training materials. • When establishing the ODF criteria and verification procedures for CLTS. • Before areas are prioritised and plans developed. • When reviewing plans (or proposals) for funding.
<u>Programme / institutional</u> Related to programme organisations, staff and establishment of programme modalities.	<ul style="list-style-type: none"> • During selection of staff, partners and all associated with overseeing and implementing the programme. • During recruitment of programme staff and training and establishment of systems and processes. • In on-going learning at country and community level.
<u>Inter-community</u> Differences in level of disadvantage between communities.	<ul style="list-style-type: none"> • In EQND / E&I related training for country level stakeholders. • During the planning and prioritisation of communities to engage with. • When monitoring and reporting.
<u>Inter-household</u> Differences in level of disadvantage and barriers to access and use of latrines between households.	<ul style="list-style-type: none"> • In EQND / E&I related training for country and community level stakeholders. • During all stages of the CLTS and other behaviour change processes. • In monitoring and reporting – with some indicators disaggregated plus recording progress for potentially disadvantaged households; and more detailed disaggregation and analysis undertaken at community level and in baseline and outcome surveys. • In on-going learning at country and community level.
<u>Intra-household</u> Differences in level of disadvantage and barriers to access and use of latrines between individuals within households.	<ul style="list-style-type: none"> • In EQND/ E&I related training for country and community level stakeholders. • During all stages of the CLTS and other behaviour change processes. • In monitoring and reporting – with more detailed disaggregation and analysis undertaken at community level and in baseline and outcome surveys.

Benefits of participation in the CLTS processes

The following examples show how people who may be considered disadvantaged have participated in the CLTS processes.



Credit: Sarah House

1. Atumika, a grandmother looking after six grandchildren – dug her pit and constructed all of latrine so far – which is almost complete (Malawi).



Credit: Sue Cavill

2. Kelvin 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 as they didn't like stepping in other peoples' faeces, which they cannot see (Nigeria).



Credit: Suzanne Ferron

3. Tabieni doesn't know exactly how old she is but she is currently looking after her three young grandchildren after their mother died. Her husband had also died. The Village Development Committee (VDC) recently helped her to build a latrine. Previously she used the bush and was troubled by this, because there was no privacy (Malawi).



Credit: Jacques-Edouard Tiberghien

4. Ama, a mother who uses a wheelchair in Togo said: *"I can now use the latrine while I used to crawl amongst the teak trees. During the rainy season, open defecation was tough for me as I had to crawl in the mud. It is now comfortable. They have put a wooden mortar bowl, which they drilled and that I use as a seat. I have noticed that I have less belly ache. I have to thank the facilitator because I had really no idea that things could be different."*



Credit: Sarah House



Credit: Sue Cavill



Credit: Sarah House



Credit: Suzanne Ferron



Credit: Sarah House



5. A very old woman who is also blind can squat but she finds it difficult to hit a standard sized hole. This hole has therefore been made larger by her son who built the latrine for her. She explained that she finds it easy to use (Nigeria).

6. Shashi standing next to his latrine in Arghakanchi District, in the hill ecological region of Nepal. Shashi is part of a Dalit community, who decided to help each other build their toilets and at the same time break down negative stereotypes of Dalits.

7. Edwin lives in Ere-Agiga VDC in Bekwarra LGA, Nigeria and is seen sharing the community action plan and community maps. He was a Natural Leader, then the Chair of the CLTS community area and then became the Chair of the Ward WASHCom. The WASHCom go out every week mobilising the community – at least once per week, sometimes 2-3 times. He is very active even though he faces some mobility challenges.

8. Loya, outside his latrine constructed with support of the community. Loya contracted polio as a child. He has become a sanitation champion in his community influencing his neighbours to stop open defecation (Nkhotakota District, Malawi).

9. Two 'mini latrines' for children in Nigeria with a bucket as a pit. The right hand one (which is raised from ground level – the floor is knee height in this image) was constructed by Margaret, a member of the WASHCom.

Potential gaps in current CLTS strategies, processes and action

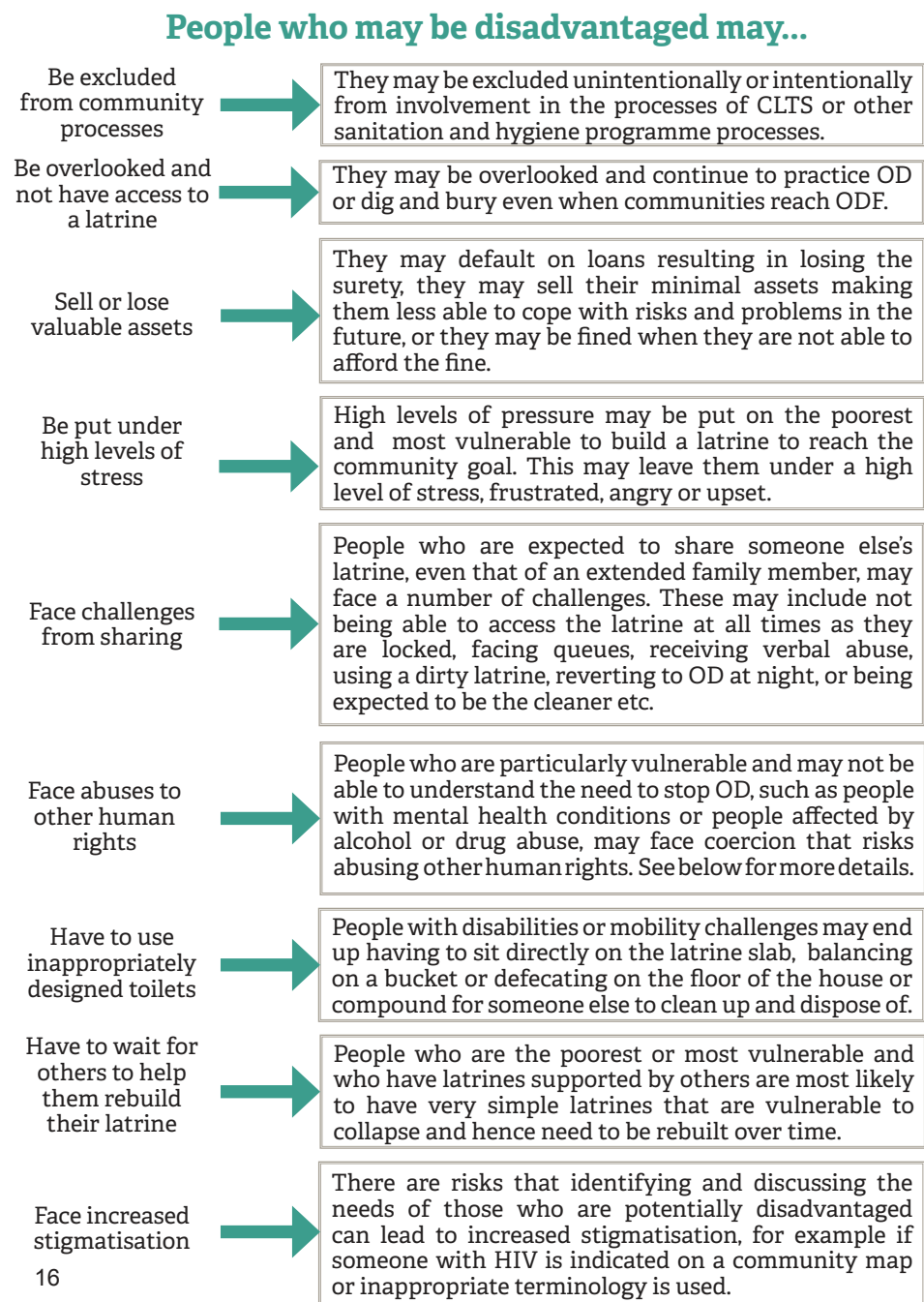
Ideally, the CLTS facilitator encourages the community to consider who might need support and what community based support mechanisms are available. However, the following gaps have been observed in some current CLTS practice:

1. The facilitation to ensure the community identifies who might need support and the community support processes appear not to get as much attention in the process as they should and in some cases they may be overlooked.
2. People who may be disadvantaged are usually not involved in the CLTS processes including the pre-triggering preparations and the mass triggering event. For example, older people and people with disabilities are less likely to participate in the triggering event.³
3. In some places (such as communities of very marginalised groups), intra-community support efforts have been absent, leading to unacceptable levels of pressure being placed on some very vulnerable people, resulting in various forms of distress.
4. Support at community level seems relatively ad hoc, which has put some people under a high level of pressure to use their limited assets to build latrines, or else they have fallen through the net altogether.
5. Experience and confidence of people at all steps in the implementation chain, from CLTS facilitators to national level actors, to respond to issues related to EQND varied greatly and there was a high level of interest and demand for more guidance and capacity building in this area.
6. National CLTS strategies, training guidance and verification protocols do not tend to consider, support adequately or check the progress of communities or people who may be disadvantaged, nor do they give guidance on limits of action, such as risk areas related to coercion.

Figure 3 provides an overview of a number of different ways that someone who may be disadvantaged may face challenges from the CLTS or other associated processes if they are not appropriately considered at each step.

³ Only 25-50% of the participants of the FDGs with people with disabilities and older people said they had attended the mass triggering events.

Figure 3: Ways that people who may be disadvantaged could face challenges during the CLTS processes



Following are also a number of case studies that highlight these points.

1. In Nigeria, the research team undertook a focus group discussion with people with disabilities and older people in a community that had been declared ODF for a couple of years. Participants were asked if they used their own toilet, used a neighbours' or did not use a toilet. A number reported that they had their own toilets and others shared with relatives. But one older man who was also sight impaired, said that he didn't have a toilet. Later that day the team visited him in his home: he explained that he and his wife had lived in the house for 40 years, had never had a toilet and do not have children and so have no-one to support them locally. Another relative who lives elsewhere had said he would help them construct a latrine and started digging the pit, but it was never finished. He and his wife still practice dig and bury, even though the village was declared ODF some time ago.
2. A poor family sold their only piece of land to be able to build a latrine (Nepal GSF case studies report 2014).
3. Two old men took out (separate) loans from the cooperative to build their latrines, but they could not pay them back so the cooperative took the land title from them (Nepal).
4. Diamirou is 75 years old and he had a stroke a few years ago and now he can't walk. He also has arthritis and cataracts and cannot see very well. He has pain in his shoulder and has a skin condition. He can transfer from his bed to the bucket shown in this picture (potty), but he often has constipation and finds it very uncomfortable to balance on (Senegal).

Credit: Suzanne Ferron
5. In a community of Musahar Dalits, one of the most marginalised and historically excluded communities in Nepal, many of the households have little or no land on which they can build a latrine and many are clearly very vulnerable and very poor. Some are entitled to a contribution for their toilet from the government, being considered as 'ultra poor', but only once 90-95 per cent of the community have built a latrine. But actors in the country consider that if the availability of subsidy is widely known at the start

Credit: Sarah House

of the process, then people might not construct. Hence pressure is being put on the whole community for long periods of time including on the most disadvantaged. This has led to some people from this community being stressed, upset, angry and frustrated by the pressure being put on them to build latrines when they could not afford it or had no land on which they could build a latrine.

6. Older women in Malawi said that they did not like to be dependent or beholden to others through being expected to share latrines, with neighbours or relatives. Sharing latrines made them feel bad – like second-class citizens. If they complained about the lack of cleanliness of a latrine they were told to go in the bush or build their own latrine. Others said when they need to use it in the morning the toilet can be locked so they don't have access.

7. Florida did piece work to pay for the construction of a toilet for her elderly mother. Whilst the family had one toilet she felt it was more dignified and private for her mother to have a separate toilet. She had made a raised slab and placed a pot of water in the toilet so that her mother is able to wash herself more easily. She has had to rebuild this toilet five times as it keeps collapsing in the sandy soil (Malawi).



Credit: Suzanne Ferron

8. *“The biggest challenge for me is when my latrine collapsed – having to wait for someone to come and help me build another one”* (Man who had a stroke, Malawi).
9. One older couple in a community in Nepal (which was not yet ODF) sold their land to pay for an operation to amputate the leg of the husband. The wife has leprosy. The husband defecates on the floor of their house and the wife collects it and takes it to dispose of it.

Another family in the same community have a daughter with a mental health condition. She also defecates on the floor and the family cleans it up and disposes of it. Both families are being pressurised to build a latrine and no support has so far been offered.

Particularly vulnerable or marginalised groups

One particularly vulnerable group of people who are often not discussed or recognised as part of sanitation promotional approaches are people with mental health conditions, who may for example not be able to understand the logic of why they should stop OD. Musembi and Musyoki (2016) concluded that CLTS is compatible with a human rights-based approach to sanitation but that there is also a potential for violation of human rights through bad practice in the name of CLTS, including when facilitation is of poor quality. Pressure to achieve ODF can (inadvertently) put people with mental health conditions at risk, particularly if the facilitator does not understand what are acceptable limits when finding alternative ways to convince them to stop OD. For example, in the GSF study we heard that one man with a mental health condition was promised that they would find him a wife if he stopped OD. They did this and he is now married to a woman also with a mental health condition and they have a child. It may be that both parties were happy to be married, but there is also the potential that the woman may not have been happy and this may have abused her rights. But conversely there are also some good practices. One young female facilitator from Nepal said she triggers the parents or children first who then trigger the person with mental health conditions, as the people closest to the person with mental health conditions are those most likely to be able to convince and support them. Other suggestions on positive ways to persuade people with mental health conditions to stop OD were to support them to build a particularly beautiful latrine (such as with painting, flowers etc) so that they feel proud to use it; and for people with autism who may find it difficult to engage directly, to use pictures to discuss these issues. Focussing on mental health conditions can also be an entry-point for community members to confront their own prejudices. For more practical ideas as to how to respond to this issue refer to: Cavill et al 2017; House et al 2017.

It is important to be aware that we all have our own stereotypes and prejudices about different groups of people and that we may not realise that people are being excluded or marginalised. It is positive to question these and wherever possible it is also positive to work with organisations that represent such groups to build our own confidence on how to make sure that they are not overlooked in sanitation programmes and to ensure that everyone is treated with respect as part of the processes.

Good practices to strengthen sanitation programmes and processes to improve the involvement of – and benefit for – people who may be most disadvantaged

Do's and Don'ts

The following are suggestions for practical Do's and Don'ts for strengthening the CLTS process to focus on ensuring people who may be disadvantaged are considered, involved and where needed supported. It is hoped that practitioners will trial these suggestions and continue to learn and document their successes and challenges in different contexts and over time so that these suggestions can be refined.

A – Enabling environment

Analysis of a number of national sanitation and CLTS related policies, strategies, guidelines and training materials has indicated that issues related to EQND are often not well integrated or in some cases completely absent. Practical recommendations for improving this situation include:

Do's:

1. Advocate with government, donors and other organisations to ensure that EQND is incorporated into all WASH policies, strategies, guidelines, national training guidance and programmes (not just CLTS).
2. Collaborate with organisations that represent or work with people from different disadvantaged groups to:
 - a. Help establish the different terminology preferred by potentially disadvantaged groups.
 - b. Advocate for improved attention to EQND in the WASH sector.
 - c. Advocate for improved WASH through other sectors and specialist networks (disability; health; education, etc.).
 - d. Ensure appropriate practical training on this issue.
3. If national policy allows for external support for the poorest and most vulnerable – ensure that the strategy is clear for who will be entitled, what the support will be for, who should be involved in deciding who will get it and what its limits will be. Ensure a strong monitoring system is in place that reaches those most likely to be able to construct and maintain a latrine themselves.

Don'ts:

1. Don't make assumptions about the terminology that should be used to refer to people who may be disadvantaged.
2. Don't assume that others in the sector are conversant on issues related to EQND and CLTS – even EQND specialist organisations may benefit from guidance on how to integrate good practice into CLTS.

Example of good practice: Nepal Master Plan for Sanitation and Hygiene, 2011 (Steering Committee for National Sanitation Action, Nepal, 2011)

This Nepal Master Plan for Sanitation and Hygiene integrates EQND into a range of sections including: in the socio-economic component of the contextual analysis; in the terminology section; in the lessons learnt; and in the operational strategies. It also acknowledges the need for additional financial support for socially disadvantaged communities and strengthening partnerships to support the poor.

B – Organisational issues and monitoring, evaluation and learning

The integration of EQND into programmes, organisational systems, the recruitment and training of staff and monitoring, evaluation and learning needs to be strengthened. If EQND is integrated throughout it is less likely to be overlooked.

Do's:

1. Prepare a Code of Conduct to provide implementers with guidance on what is expected, minimum standards and behaviours that are required when working on CLTS based programmes.
2. Include EQND in plans, proposals, budgets and regular reporting as well as in baseline data collection, outcome surveys, sustainability studies and topic specific studies.
3. Undertake learning on EQND, facilitate regular discussion with partners and communities and feedback into programme strategies.
4. Ensure that EQND is incorporated into monitoring forms and reporting – and that: a) It is a compulsory element of reporting; and b) Requirements for data collection and reporting are realistic and

practical to collect and analyse and the data will be used. Collect disaggregated data and monitor disaggregated indicators.

5. Establish links and collaborate with organisations supporting or representing disadvantaged groups.
6. Integrate EQND training into all CLTS orientation, training and performance management.
7. At organisational level provide capacity building on EQND in CLTS for all levels.
8. Develop practical EQND guidance and activity checklist tools for pre-triggering; triggering; and post-triggering stages that remind facilitators to consider the needs of the disadvantaged.

Don'ts:

1. Don't assume that members of staff or management are confident or knowledgeable in EQND – they may also need capacity and confidence building.

Example of good practice: EQND Framework in the Cambodia Rural Sanitation and Hygiene Improvement Programme (CRSHIP)

The GSF-supported CRSHIP programme in Cambodia has developed a practical EQND framework. This includes an overview of the key principles of the EQND approach as well as providing practical suggestions and entry points for staff and partners to integrate EQND into their work and organisations. It covers programmes, capacity development, advocacy, documentation and evaluation and coordination mechanisms.

C – Programme and community levels

The pre-triggering stage is very important to start to understand issues relating to disadvantage in the community and to also make sure that people who may be disadvantaged are pro-actively invited to take part. This was an oversight in most programmes.

Pre-triggering

Do's:

1. Identify support organisations (based at programme and community level) to engage in the process e.g. disabled people's organisations, CBOs etc.
2. When setting up the planning meeting, community leaders (Chiefs, WASH Committees, Citizen's Forums, health or teaching staff, youth or women's groups leaders, political leaders etc.) and representatives of the different community groups should take part (including representatives of people with disabilities, older people, male and female youth leaders, minority groups etc.).
3. Undertake a preliminary identification of who might be disadvantaged and struggle to participate in the process or would be less likely to attend the triggering session. Do this with the community leadership and representatives – also use your own knowledge about who might be vulnerable and include other expertise where possible e.g. disability or mental health organisations or groups. Note that more detailed identification should be done at the post-triggering stage.
4. Identify people who may not be able to attend the triggering session (such as someone who is bed bound, who are at boarding school or travelling for work) and agree on follow-up activities to ensure that the information from the triggering sessions reach them.
5. Ensure people who may be disadvantaged have access to information about the triggering by visiting them at home and encourage them to come to the triggering session. Where the triggering coincides with school time, the triggering for children may need to be done separately.
6. Consider the timing of triggering and accessibility. Hold triggering event(s) in locations that are easily accessible, including for those who may have mobility problems, and held at a time that people can return home safely at the end (i.e. before it gets dark).

Don'ts:

1. Don't cut short the pre-triggering meetings – this is a vital stage of the process.
2. Don't assume that people will have the confidence to attend or actively participate in the triggering – they may need encouragement and confidence building to feel they can participate.

Example of good practice: Training facilitators on how to consider disability in CLTS process and pro-active actions, Malawi

The CLTS Plus research in Malawi (Jones et al, 2016), involved training a group of CLTS facilitators to be able to better consider people with disabilities throughout the CLTS process. The discussions during this training led to the following modifications to the pre-triggering stage of the process: considering a suitable location for the triggering event, specifically inviting people with disabilities to come to 'triggering' sessions and pro-actively supporting them to come where needed.

In addition another CLTS facilitator in Malawi said that they also spend a day before the mass triggering event going house to house to make sure that everyone has heard about the upcoming triggering event, which could also be a useful way to make sure that everyone from each household is invited.

Triggering

The pro-active engagement of people who might be disadvantaged in the triggering stage, and facilitation of the community to consider who might need support and what possible support mechanisms could be used is an area that needs strengthening. Assumptions are sometimes being made that this is automatically happening, but it may not be the case.

Do's:

Facilitating engagement of people who might be disadvantaged:

1. Ensure that people who might be disadvantaged actively participate in the triggering exercise.
2. Use the skills of the facilitators to encourage the community to listen to the views of all groups including people who might be considered vulnerable or marginalised – gently encouraging people who might not normally speak out to do so if they would like to.
3. If there are people who speak different languages make sure that there are people present in the triggering who can translate (e.g. older people, particularly women, may only speak their traditional language and not the national language or people may use sign language or other means of communication).

Considering people who may be disadvantaged and need support:

4. In the triggering meeting discuss the criteria for who might be considered disadvantaged and who might struggle to build, access and maintain a latrine – and what types of support they may require (identify individual households against these criteria after the triggering has been completed).
5. Facilitate a discussion on the possible challenges and solutions for people with mobility limitations and encourage the involvement of adolescent girls in design of private and safe household/institutional/public latrines.
6. Encourage the community to identify who can support those who are less able – either from within the community or elsewhere – financially or in-kind (through provision of labour, transport or materials).

Identification of Natural Leaders and development of the community action plan:

7. Pro-actively consider who might be a Natural Leader from those who might be considered disadvantaged.
8. Ensure that the community action plan includes suggestions from those who might be disadvantaged and considers their specific needs.

Don'ts:

1. Don't automatically exclude people as 'Natural Leaders' or members of a WASH Committee because they have a disability or health condition.
2. Don't assume that it is good practice to highlight those who may be disadvantaged on public community maps as this may further stigmatise individuals.
3. Don't support stigmatisation of people from minority or excluded groups – the focus should be on the practice of defecating in the open as being an inappropriate practice, not shaming individuals as people.

Example of good practice: Communicating with people who are deaf and speech impaired

A man who is deaf and speech impaired engaged in a triggering in Malawi. A facilitator who could communicate with him interpreted the discussions so he could understand. In Nigeria, the team communicated with a man who was deaf by writing on paper.

Post-triggering follow-up

The most pro-active engagement with people who may be disadvantaged is happening at the follow-up phase. But at present often it is not systematic, which is leading to missed opportunities and people falling through the net. Strengthening this aspect offers multiple opportunities for improving the outcomes for people who may be disadvantaged.

Do's:

1. Use a follow-up checklist to ensure that all areas have been covered.

Identification of people who may need support:

2. Support the community leadership, Natural Leaders and representatives to identify people who may be disadvantaged and may need support – try using the A, B, C categories in the household register and update the information during follow up visits.
3. Remember one of the strengths of CLTS is still the principle of 'community problems - community solutions'. It is good practice to first look for support options within the family or within the community.
4. Be aware of power relations in communities when identification of people who may be disadvantaged happens and specifically that more dominant/powerful community members may identify their own family members for support, particularly if the support on offer is monetary.
5. If government systems for the identification of the people who may be disadvantaged and need support are used – also involve community representatives (e.g. Citizen's Forum, community Elders, health professionals or other trusted groups) to check if anyone has been missed out.
6. Where possible, enable people to put forward their own name if they need support and have been missed.
7. Encourage the community to consider on-going operation and maintenance issues for those who may have problems to clean, rebuild or repair their latrines or replenishing hand-washing water, soap or ash.

Follow-up:

8. Prioritise visiting people who might be disadvantaged during the follow-up – check how they are getting on and whether they need additional support.

9. Keep reminding the community leadership to remember the people who might be disadvantaged and of the need of support.
10. Be vigilant for potential new 'Natural Leaders' who can support the process – particularly from groups that are often excluded.
11. Agree on 'small doable immediate actions' (SIDAs) that support people who are disadvantaged including making their facilities more user friendly.
12. Plan more substantial support where people have 'fallen through the net' – such as to build a latrine or ongoing support for access to hand-washing water, soap or ash.

Training for community leaders, groups, masons:

13. Encourage the community to identify practical actions to engage and support potentially disadvantaged groups (especially people with disabilities and older people) – whenever possible, disadvantaged groups should be involved in the process for designing actions and options (remember: "Nothing about us, without us!").
14. Encourage the community to consider what advice or support is available for people who are not able to control the flow of their urine or faeces (incontinence).
15. Include EQND / E&I in the training for masons including how to engage with people who might be disadvantaged and options for improving accessibility at differing levels of cost.

Consider the needs, options for support and technical options:

16. Actively identify a) adaptations to latrines that can increase accessibility, and b) community engineers/masons that can help adapt latrines for disadvantaged people within, and beyond, their community.
17. If sanctions are seen to be necessary, consider those that have the least harmful effects – facilitate community leaders/members to understand the consequences of punitive measures. Wherever possible promote positive options such as providing support for behaviour change and sanitation access.

Don'ts:

1. If Government systems for identification of the poorest are used do not assume that everyone who is in need will automatically be included.

2. Don't assume that people who may potentially be disadvantaged, are always unable to build, access, use or maintain a latrine without support.
3. Don't focus only on the provision of a latrine but enable those who are excluded to participate in the process.
4. Don't promote a one size fits all latrine design (e.g. when training masons) but ensure consultation and discussion with users. Sharing ideas can be helpful, particularly on modifications that make a latrine more accessible.
5. Don't assume people are aware of the adaptations that make latrines more user-friendly and accessible, particularly for people who have a disability or mobility limitations.
6. Don't impose fines on a family who has not been able to construct a latrine due to poverty or lack of support to construct one.
7. Don't rush the follow-up – particularly when visiting people who might be disadvantaged – make time to listen to what they have to say.

Example of good practice: Follow-up MANDONA (FUM), Madagascar

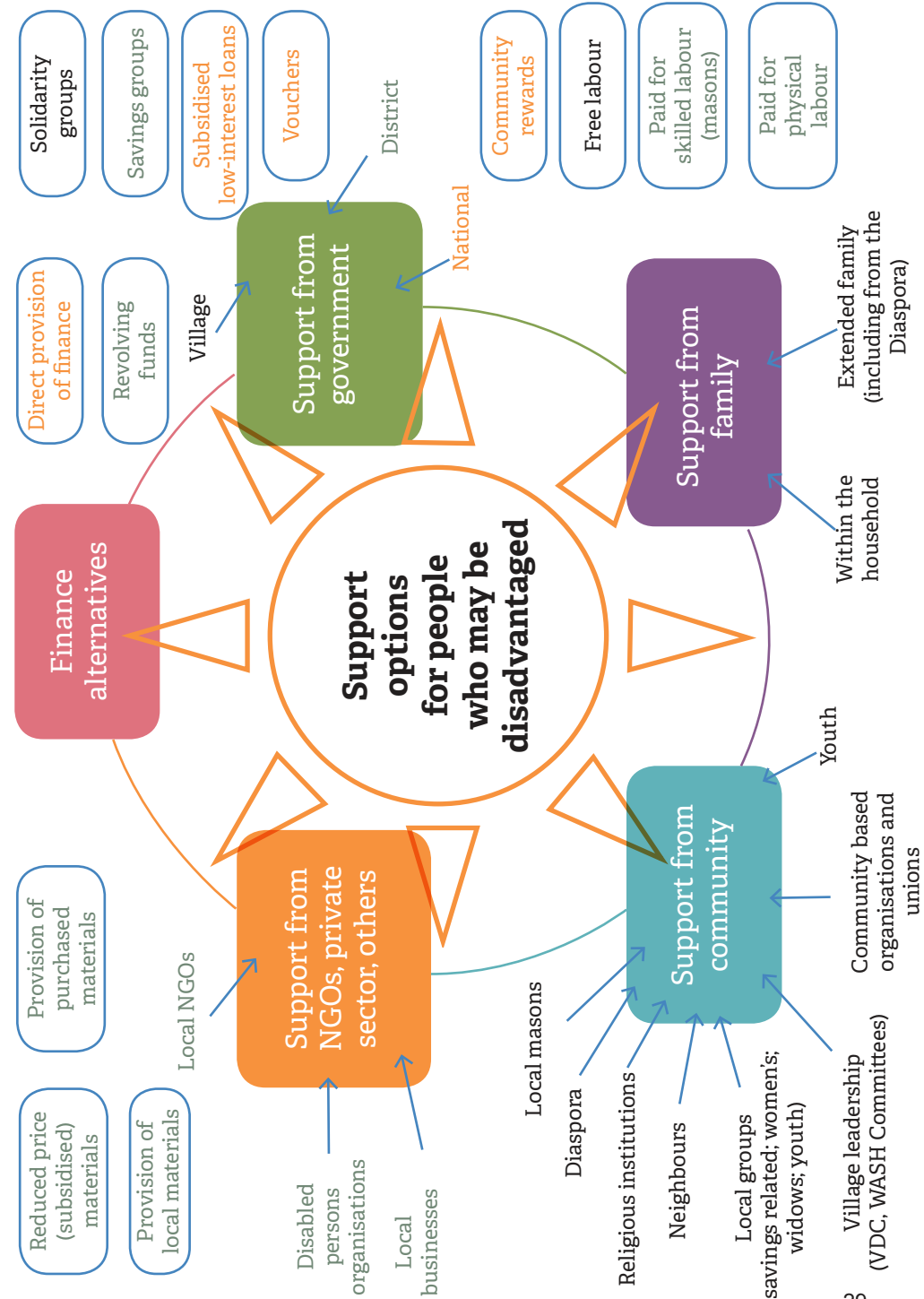
The 'Follow-up MANDONA' approach in **Madagascar**, builds on an existing tradition of collective community work (*asam-pokonolona*) and a spirit of solidarity. With the help of a facilitator, the community is enabled to review the progress of what has been achieved following triggering, make adjustments where required and ensure that disadvantaged sections of the community are also involved. Collective community visits to examine sanitation and hygiene provision in the household or other parts of the village can include reviewing whether a toilet is accessible for someone with a disability, for older people or for children. The process also aims to encourage those who are disadvantaged to participate in the programme (Fonds d'Appui pour L'Assainissement, Madagascar (2016).

The following figure provides an overview of the range of options that can be used to support those who may be most disadvantaged.

The different types of support that are currently given in different contexts include those that:

- Come from within the community (black text).
- Come from outside the community (orange text).
- Or could come from or be considered to come from either in different contexts (green text).

Figure 4: Options for supporting the most disadvantaged in sanitation programmes



Summary of key learning

The following general principles should ensure that people who may be disadvantaged benefit effectively from sanitation programmes and processes.

Principles to ensure people who may be disadvantaged benefit effectively from sanitation programmes and processes

1. Recognise difference within all communities and look for those who might be excluded from the programme – *start to wear 'glasses' with lenses that allow you to see people who might be disadvantaged as part of the whole community.*



2. Do no harm by:
 - a. Regularly listening to the voices of those who are potentially disadvantaged – remember “*Nothing about us, without us!*”
 - b. Promoting the confidence and self-efficacy of those who are potentially disadvantaged by involving them in decisions and encouraging their active and not passive participation (i.e. not just attending the triggering process, but speaking and being listened to as well as being part of decision-making).
 - c. Ensuring that field staff seek and are open to feedback from community members – particularly those who might be disadvantaged.
 - d. Providing practical training/ discussion/ guidance to all field staff, Natural Leaders (as well as masons, sanitation marketing, loan giving bodies etc.) on EQND issues.
 - e. Being as transparent as possible about programme decisions and seeking input and direction from community members

where ever possible.

f. Ensuring confidentiality and people’s right to privacy.

g. Monitoring the process, outcomes and impact for those who are potentially disadvantaged – include checking on the situation of people who might be the most disadvantaged in the ODF verification criteria.

h. Providing information in a form that can be understood and used by all.

3. Consider the identification of disadvantage as a process rather than a one-off activity – be aware that sometimes personal biases can lead to inclusions / exclusions – use every contact with the community to consider if some people might be excluded, in what way and what can be done about it.
4. Respect all members of the community and ensure their dignity, even if you don’t agree with a person’s lifestyle.
5. Use respectful language – consulting with people who may be disadvantaged on the terms they would prefer. Establish acceptable terms in all local languages and ask the facilitators to use them.
6. Consider how those who are potentially disadvantaged (including carers) can be involved in both the process of the sanitation programme (as Staff, Natural Leaders, Committee members, Advocates etc.) as well as benefit from the outputs (use of latrine and handwashing facility, skills training etc.); and have their concerns listened to.
7. Encourage people to undertake tasks themselves wherever possible to contribute to empowerment and building self-confidence; but also recognise where external support is required, whether from the community or external to the community, ensuring that people who are disadvantaged are not put under unnecessary levels of stress and pressure.
8. Be conscious about the power dynamics between community members and aware that some groups are deliberately excluded and marginalised by communities (for example, people from lower castes in India and Nepal). The role of the facilitator in understanding such risks and facilitating to ensure that this does not happen will be very important.
9. When identifying who might need to be supported, whether from internal or external sources, village government leadership and Natural Leaders should have a key role, ideally in conjunction with, or checked by another community representative body, such as a women’s group or a citizen’s forum for example.

10. Support that comes from outside of the community should be provided transparently and should involve community members in decision making on how it should be used / who should be supported. Proactive steps should be made to engage people who may be considered disadvantaged in decision-making over resource allocation.
11. Collaborate with local organisations representing those who are disadvantaged and seek their advice and engagement with the programme e.g. those working on disability, with older people or children.
12. Continue to learn and build on your experience as to how to best include and benefit from the skills and knowledge of people who may be disadvantaged and sharing this knowledge with others.

Edition 2 of 2 – Responding to challenging issues

This issue of *Frontiers of CLTS* has focussed on understanding how to support those most in need in the CLTS processes through community or local arrangements (such as from the village, government or local businesses or groups). But external support may be necessary to achieve sustainable solutions in the following examples:

- Where there is a need to ensure that the people who may be the most disadvantaged have safe and sustainable latrines that do not need to be repeatedly rebuilt – climbing up the sanitation ladder.
- In low income high density urban areas where technology options are limited and may be higher cost.
- Technical challenges such as areas that have sandy or rocky soils, high water tables or which are prone to flooding.
- Communities affected by natural and conflict related disasters including where displacement has occurred.
- Communities with entrenched conflicts and marginalisation, where CLTS risks exacerbating conflicts and discrimination.

The question of when and where support from outside the community (such as from national or district governments or from national or international sources) may be appropriate is the focus of on-going debate.

These issues and options for responding to the challenging issues and contexts noted above will be explored in part 2.

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Equality and non-discrimination (EQND) in sanitation programmes at scale

Part 1 of 2

A well-facilitated Community-Led Total Sanitation (CLTS) programme that pro-actively considers and involves people who might be disadvantaged has been shown to have many benefits. A lack of this can and will often have negative impacts and make programmes and ODF unsustainable.

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. Using a range of examples from GSF programmes that were part of a recent study on Equality and Non-Discrimination, it explores the challenges that may occur and concludes with suggested good practices that will strengthen the processes to the benefit of all.

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