Report

WaterAid

Community-Led Total Sanitation (CLTS) for people in vulnerable situations

Identifying and supporting the most disadvantaged people in CLTS
A case study of Bangladesh

WaterAid

Introduction

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Front cover image: Kazim, a Hardcore Poor (HCP) member of Rayapur Paschim Para community, proudly shows off his latrine that he built on his own without any support.

Bangladesh is one of the poorest countries in the world with a large number of people still living without improved sanitation. However, despite this, it is still on course to meet its Millennium Development Goal (MDG) on sanitation, largely due to the success of Community-Led Total Sanitation (CLTS) in rural areas.

"CLTS involves facilitating a process to inspire and empower rural communities to stop open defecation and to build and use latrines" (Kar and Pasteur, 2005). It uses participatory methodologies to develop awareness of the risks of open defecation and facilitate community self-analysis of their health and sanitation status. Its aim is to 'ignite' communities to cease open defecation and commence toilet construction using local materials. CLTS has been recognised by the United Nations as one of the most effective approaches to promoting sanitation and achieving the MDGs for sanitation (Ahmed, 2008).

Despite the significant impact CLTS has had in Bangladesh, as with all development initiatives, it is confronted with the social realities that characterise communities. One of these challenges concerns the inclusion within the CLTS process of what this study refers to as 'people in vulnerable situations', who face particular challenges. (see Table 1 on the following page).

Several recent studies have suggested that people in particularly vulnerable situations are often neglected and/or have difficulties participating in CLTS for a variety of reasons (Bode and Haq, 2009; Chambers, 2008; Huda, 2008; Jones et al, 2009; Mahbub, 2008). This idea has been met with some criticism as it devalues the ability of CLTS as a method to assist the poorest people.

Another criticism levelled at CLTS in this area is its 'naming and shaming' component. For example, people who are caught openly defecating during the CLTS process are often publicly identified and may be ridiculed. This may inadvertently reinforce stigma and social exclusion of some groups.

CLTS certainly has the potential to improve the livelihoods of communities. Whether it has the ability to improve the livelihoods of every member of a community is less clear.

Category	Reason, possible difficulties or types of barrier faced
Chronically impoverished	Lack of available finance hinders participation
Disabled	Physically or mentally impaired – excluded from participation
Elderly	Often unable to physically construct latrine
Women	Cultural beliefs, high workloads, a lack of confidence, pregnant
Widowed	Little or no income stream, no family support
Ill (sick)	Temporary or permanent, unable to participate due to suffering
Lower caste	Difficulty obtaining community support
Minorities	Ethnic, national, religious, linguistic or cultural groups, culturally excluded
Unwilling	Unmotivated (usually older people)

Table 1 People in vulnerable situations in relation to CLTS, according to the study

Research aims and objectives

WaterAid is particularly concerned with inclusion and equitability in its work as these elements are crucial to the overall success of rural development projects. However, it may be presumptuous to assume that people in vulnerable situations need assistance to participate in CLTS. A range of tools are available to facilitators to identify and support the most vulnerable members of communities, but the suitability and effectiveness of these methods are largely unknown.

This study aims to explore the suitability of methods used to identify and support the most disadvantaged members of communities that are participating in CLTS, to assess their participation levels in the CLTS process and, where possible, to make recommendations of best practice.

Methodology

The research was carried out in collaboration with WaterAid's local partner NGO, Village Education Resource Centre (VERC). Apart from key informant interviews, the data was collected in three different communities from the Bagmara Upazila in the Rajshahi district of Western Bangladesh. A range of qualitative research methods were used, including:

- Six **focus groups** held with community water and sanitation committees, village leaders and community members considered to have a high well-being ranking, to explore the experiences and attitudes towards supporting the most disadvantaged people.

- Nineteen **individual semi-structured interviews** with community members in particularly vulnerable situations (participants identified during focus group discussions and interviews) to provide a direct understanding of the experiences and problems faced by disadvantaged people participating in CLTS.

- Five **key informant interviews** allowed issues and topics to surface that otherwise may not have been recognised by the study.

Research findings

1 Identifying the most vulnerable members of a community

It was considered highly important to a community that when identifying people in vulnerable situations, local indicators were used that had been determined by the community themselves rather than external agencies.

When identifying vulnerable people in the community, people used their common sense to consider broader factors of well-being to differentiate it from wealth ranking. Wealth ranking tends to consider assets such as cattle, clothes worn, accessories like televisions and furniture, the food consumed, education received, money in the bank and, what was deemed the most important factor, land. Well-being ranking, on the other hand, also considers demands and stresses on households such as the number of dependents and whether or not the household includes a disabled person. These criteria did not need agreed rules or guidelines. Instead, the community were able to recognise when one household was less fortunate than another.

Recommendation

When identifying and determining which members of a community are in vulnerable situations, implementing agencies should facilitate the community in agreeing to use indicators of wealth, accompanied by common sense and shared community knowledge, to determine well-being. Adopting this approach ultimately enhances the CLTS process as communities take more responsibility and facilitators have less influence and control. Facilitators should take care to use categories with names that clearly indicate a well-being status and not a position solely based on wealth.

2 The participation of disadvantaged people in CLTS and their demand for support

The members of communities that were interviewed, strongly believed in the power of CLTS to improve their livelihoods and clearly recognised the importance of participating in it. However, despite a desire to participate, many people in vulnerable situations were unable to due to economic hardship, a fact they reluctantly accepted. Motivation to participate more in CLTS was shared by the majority of interviewees, including those who participated, and most were satisfied with their participation levels.

Interviewees firmly believed that their participation in CLTS activities was useful, necessary and their community status did not hinder or affect their participation. Many who were unable to participate personally were represented by another family member; usually their partner. The person represented believed it helped them to participate, if only in a limited capacity, and to understand what was happening in the activities.

The demand for support amongst those interviewed was mixed. Being in the lowest category of the community well-being ranking did not necessarily mean that the household needed or wanted support. Of those that wanted support, few received any at all. Virtually no one was asked if they needed any help in constructing their latrine by any supporting agencies.

Recommendation

The use of a 'household representative' can provide limited participation for those unable to fully participate in CLTS. This representative may be from the household or from a different household entirely (eg a neighbouring household). Through the representative, the household can raise issues of concern, have questions answered and voice an opinion. Implementing agencies may wish to recommend this approach to people or households unable to participate. This representative, however, is no substitute for direct participation and is only intended as an alternative when direct participation is not possible. Facilitators should be aware of this and act to ensure that it does not discourage direct participation.

3 Latrine design and construction

People in vulnerable situations were motivated to move up the sanitation ladder. Many households had improved their latrine and almost all aspired to further improve it, even if that goal was some distance from fruition. The design process and options available to them were satisfactory (excluding designs and options for disabled users).

Recommendation

People seemed to take pride in the fact that they themselves had designed, as well as constructed, the latrine – however rudimentary. Agencies practising CLTS should be aware of this and the effect that introducing too many designs, templates or instructions may potentially have on participants.

4 Improvements for disabled people

Lack of information and knowledge about ways to improve the accessibility of latrines
The research found that, on the whole, disabled people and their carers lacked any knowledge about designing and building apparatus to improve latrine access and ease of use. The availability of technology and devices for disabled people to make their latrine more accessible was generally poor. Most people were aware that some form of technology might be possible but they were largely unaware of where they could obtain it or even how they could use their own resources and creative thinking to improve access for the individual concerned.

Recommendation

Disabled people and their carers need basic knowledge and information about using local materials and resources in order to improve access to and ease of use of latrines. Implementing agencies should provide this information. The use of public demonstration models at convenient locations or leaflets showing examples of toilet chairs, handrails etc could be used by community facilitators. This information, even if basic, could still be of use to many people and act as a catalyst for creative thought amongst a community.

Installation of latrine devices to improve access for disabled people result in the exclusion of other family members
Some households had installed equipment designed to improve the ease of latrine use for a disabled family member. The majority of devices being used were chairs with a hole in the seat that had been modified through welding to suit the user and secured to the floor of the latrine for

stability. Since the installation of these seats, however, in three cases some other household members found their latrine was no longer suitable or comfortable for their use and had to use another latrine. This had often reduced their sanitation independence as they shared another household's latrine (see Box 1).

Recommendation

Implementing agencies need to take into account the needs of the whole family, rather than using an individually focused approach. In this case, options for a seat that can be moved to one side when not in use should be investigated, in place of a seat secured permanently to the floor. This would be more convenient for all users and reduce the need for latrine sharing or building a second one. Understandably the seat must be secure and stable to ensure it is safe to use, but there are ways of maintaining stability without the seat being fixed to the floor.

Shahidul shows off the toilet chair that has been fitted in his family's latrine. His family now share a neighbour's latrine because they are too big to use the seat and prefer to squat. The fixed chair makes this impossible.

Box 1

Four year old Shahidul from Raiapur Village, Raiapur Paschimpara community, has a disability in his right leg which caused him pain and discomfort when using the household latrine that his parents built. With the installation of a raised toilet seat, Shahidul can now use the latrine free of pain. Unfortunately, this has led to difficulties for the parents of Shahidul. They are too big to use the seat, prefer to squat and are afraid that they will break it. They now share a neighbour's latrine instead.

Conclusions on the study

Limitations

For the purposes of outlining the reliability of this study, it is important that the main disadvantages and constraints of the data collection are highlighted.

A translator was used in the field to help the author conduct interviews and focus groups. The translator was an employee of VERC and all interviewees were aware of this, largely due to his prior work in the community. This compromised his neutrality in two areas. Firstly, it is possible that the interviewee did not want to say anything that portrayed VERC in a negative light as they believed it might compromise further involvement from VERC in their community. Secondly, the translator may have used leading questions and influenced response. To limit this possible effect, all participants were informed that the accompanying gentleman was present to act as a translator and assist the author with his research only. In no way was he acting as a representative of VERC.

Advantages

Bagmara has become somewhat of a Mecca for CLTS analysts due to the fact that CLTS originated from this region. As a result, there are many communities in the area that have a history of being visited by foreign guests looking to speak with individuals about their experience. Over time, people in these communities often develop uniform answers that they believe visitors want to hear and this often impacts on the reliability of the results. The two communities in which the field work for this study was conducted had not entertained foreign guests or had any visitors conducting research before. Therefore, the validity of the results is improved, as uniform answers to questions were not given.

Speaking with members of a Sayedpur Dighi Para community, which had been Open Defecation Free (ODF) for some years, produced results that were free from the initial wave of enthusiasm that greets so many development projects. It is usually only years later that any deficiencies are revealed and this study provided the opportunity for these deficiencies to be revealed. This helped to improve the reliability of the data obtained for the study.

Further research

1. Research to assess how best to improve the accessibility and availability of devices and technology that improve the latrine experience of disabled people. This study would produce its best results if conducted independently as there would be less chance of influence from stakeholders such as implementing agencies and government bodies.

2. Further research into how latrine devices for disabled people can best be made portable/moveable so that they can be removed from the latrine when not in use, while being stable and secure when in use.

3. A review of this study to see what learning can be applied to other WaterAid programmes or if changes need to be made.

Summary

CLTS is having a positive impact on the lives of people in particularly vulnerable situations in Bangladesh. Whilst not all disadvantaged people need or want support, improvements can be made to the CLTS process that would allow greater participation in activities and support in construction of latrines for disabled people and their carers' in particular.

A focus group being held in Sayedpur Dighi Para community

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