EXECUTIVE SUMMARY, CASE STUDIES AND REFLECTIONS

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

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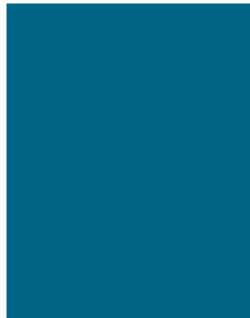

About WSSCC

The Water Supply and Sanitation Collaborative Council (WSSCC) is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 141 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the Global Sanitation Fund (GSF), which since 2008 has committed over $117 million to transform lives in developing countries.

About GSF

GSF invests in collective behaviour change approaches that enable large numbers of people in developing countries to improve their access to sanitation and adopt good hygiene practices. Established in 2008 by WSSCC, GSF is the only global fund solely dedicated to sanitation and hygiene.

WSSCC gratefully acknowledges the donors that, through its lifetime, have made GSF's work possible: the Governments of Australia, Finland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

Front cover photos (from top):
Senegal: Adolescent girls discuss their sanitation needs. ©Suzanne Ferron
Nepal: A Dalit woman and her daughter display their improved latrine. ©Sue Cavill
Malawi: A sanitation champion from Lwanda Village, who had polio as a child, displays the sanitation facilities he constructed with the help of Natural Leaders. ©Suzanne Ferron
Togo: A Community-Led Total Sanitation (CLTS) triggering session in Togo. ©WSSCC

Design:
Stéphanie Gomez de la Torre (WSSCC)
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Key terms and acronyms can be found on page 24.

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DEMONSTRATING EFFECTIVE HANDWASHING IN BENIN.
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A SANITATION FACILITY IN TOGO. ©WSSCC

1 EXECUTIVE SUMMARY

Background

The study – From July 2016 to April 2017, the Global Sanitation Fund (GSF) – a pooled funding mechanism for national sanitation and hygiene programmes under the auspices of the Water Supply and Sanitation Collaborative Council (WSSCC) – commissioned an Equality and Non-Discrimination (EQND) scoping and diagnosis process. This aimed to gain a better understanding of the challenges, opportunities, and implementation approaches used to address EQND within GSF-funded interventions, and how programming has been impacting on and involving potentially disadvantaged individuals and groups (people who may be vulnerable, marginalized, excluded or actively discriminated against, or experiencing inequalities, inequities or stigma). This is a study aiming to learn to improve for the future and is not an evaluation. Participants were encouraged to share both successes and challenges and areas that can be improved to contribute to the ultimate aim of being able to strengthen programme guidance for the future and also to contribute to the global sector knowledge base.

Process – The process involved a desk-based study of documentation and remote key informant interviews with representatives from the 13 countries and external stakeholders; and an online survey with Executing Agencies (EAs) and Implementing Partners (IPs). It also involved visits to six GSF-supported programmes (**Malawi**, **Ethiopia**, **Senegal**, **Nigeria**, **Togo** and **Nepal**). Each country visit incorporated a national workshop with programme implementers and CLTS facilitators, key informant interviews and focus group discussions (FGDs) with sub-national government institutions and sector partners; and at community level FGDs with community leadership and community groups, and household and institutional visits. The methodologies used were mainly qualitative including a number of participatory techniques to promote discussion and debate. The study pro-actively sought to involve and listen to the voices of those considered potentially disadvantaged. This was intended to understand how their needs are being addressed, how they have participated in CLTS[1] and other associated approaches for collective behaviour change, what impact the intervention has had on them and their suggestions for improvement for future programmes.

1 In this report, the term 'CLTS processes' has been used as a shorthand for a number of variations and sub-approaches focussing on collective behaviour change.

People met and areas visited – The team engaged remotely or through the online survey with 101 persons (34/66 percent female/male). Across the six country visits, the team met approximately 1,500 people (45/55 percent female/male). They met people involved in managing and implementing the programme (including CLTS facilitators) and other sector stakeholders at national level and went to 16 districts (or communes), engaged with people from 116 communities and undertook 104 household visits. The team met: people from local authorities/district or equivalent coordination mechanisms; village leaders, village level committee members or community groups, teachers, health workers or others with a key role at community level; 211 older people;[2] 74 people with disabilities; 28 carers of people with disabilities; and 100 children above 5 years, adolescents and youth. In addition, the team also met members of savings and solidarity groups, a sanitation revolving fund, masons and the police, and visited schools, health facilities, as well as an internally displaced persons camp and a brick factory. The communities visited represented diverse and particularly challenging situations, including those that are remote, with sandy soils, have been affected by natural disasters (earthquake) and conflict, as well as those in border areas and hilly, mountainous and peri-urban areas. They also met with a number of key informants from organizations with specialist EQND expertise related to social welfare, disability (including mental health), child workers and sexual and gender minorities (SGMs).

Findings

Global action on EQND – A range of organizations globally have been working on specific elements of EQND most commonly using the terminology 'equity and inclusion', with most focus on disability and accessibility and menstrual hygiene management (MHM). There is limited experience of considering EQND at scale in sanitation programmes; although this is likely to change with the Sustainable Development Goals (SDGs) and their specific focus on including the hardest to reach and water and sanitation for all. As far as we are aware this is the first study looking specifically at a broad range of EQND considerations across a sanitation programme at scale and hence it is hoped it will provide a valuable contribution to the global body of knowledge. One of the most relevant pieces of research over the past few years relating to EQND and CLTS is the CLTS Plus action research undertaken in **Malawi**,[3] which looked at how to practically integrate considerations related to disability into the training of CLTS facilitators.

Government strategies for EQND – There are significant differences in the strategic focus on EQND in the national policies, strategies and plans of the six countries visited. The most comprehensive focus in a national strategic document was found in the **Nepal** Master Plan for Sanitation and Hygiene, 2011,[4] but elements are also considered in the **Malawi** National Open Defecation Free (ODF) Strategy[5] and in some strategic guidance in **Nigeria**; although consideration in the national CLTS training manual[6] is limited to awareness of the need to consider men, women and children as distinct groups. 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** (a country not visited by the team) prepared a national guideline in WASH for people with disabilities and older people in 2016.

GSF historical approach to EQND – WSSCC as an organization has strengths in a number of areas of EQND, and its medium term strategic plan includes EQND specific indicators. GSF considered EQND in the initial decisions on country selection and areas within countries to work, but otherwise it initially took mostly a 'hands off' approach to EQND, to enable each country to establish its own considerations and priorities, based on national policies, strategies and plans. A core global indicator was initiated in 2011 which considered *'disadvantaged individuals'*, the interpretation of which was left to the country programmes; but the reporting on which has been inconsistent. Increasingly, GSF has realized that there is a need to support learning opportunities and some form of guidance on EQND, particularly related to issues around people who are disadvantaged within communities and households. Examples of recent progress can be seen in a number of country programmes, particularly after 2013/14, through increased attention in newer programme proposals, the existence of a number of EQND specific learning products, an increase in efforts to disaggregate data, and through the initiation of this study at global level.

2 The numbers of people met noted here are approximated. They are likely to be under-estimated as the team did not request disaggregated information by age or disability in general group meetings.

3 Jones, H. E. et al (2016)
4 Steering Committee for National Sanitation Action, Nepal (2011)
5 Malawi Government (2015)
6 Federal Ministry of Water Resources and UNICEF (no date)

GSF-supported organizations and processes – There are fewer female professional staff than male in the executing agencies and implementing organizations, but there are a number of women in senior positions and a significant effort has been made to ensure that there are both female and male CLTS facilitators and Natural Leaders. Most national partners do not seem to have their own code of conduct, but exceptions exist and elements are reported to be included in administrative regulations. There was limited evidence of EQND being considered in most of the early proposals (with exceptions) but there has been an increase seen in more recent proposals for extensions and new programmes. Some of the international EAs and IPs have access to gender advisors on a part-time basis, but most national organizations do not. The **Kenya** and **Cambodia** programmes are the only programmes that have currently employed staff with a specific EQND-related advisory role, although **Madagascar** has plans to recruit a EQND officer for the programme and **Togo** has plans to recruit an officer to sit in government. The **Cambodia** programme has prepared a very clear and practical EQND framework,[7] which would be positive for replication across all programme countries. The **India** and **Nepal** programmes show a particular awareness of minority and marginalized groups and communities within their programme areas; with a case study exercise and a major sustainability study in **Nepal**[8] both incorporating interesting EQND-related learning.

GSF-supported programme practices – Country programme modalities vary across countries, with some which are considered by the consultants as having the potential to be positive for EQND. Examples from the six countries visited include utilizing the government health structure, which reaches groups of every 30 and then 5 households in the country (**Ethiopia**), splitting larger communities into smaller communities for the purpose of CLTS triggering (**Nigeria** and **Togo**), multiple verification visits (**Nigeria**), employing CLTS facilitators (known as triggerers) from the communities themselves (**Nepal**), establishing partnerships with community-based organizations which already have EQND expertise (**Malawi**) and intensive follow up with capacity building (**Senegal**). It is considered that all of these modalities would be beneficial to EQND because they offer the opportunity for better knowledge of the potentially disadvantaged in specific communities and hence reduce the risk of people falling through the gaps. There has been limited focus on EQND during pre-triggering or triggering to-date, but again with a few exceptions. More action is reported during the follow-up stage of the CLTS process although it does not yet appear to be systematic. The Follow-up MANDONA (FUM) approach developed by the **Madagascar** programme encourages an increased focus on EQND during the follow-up process and has been adopted by a number of countries. Some disaggregation of data is undertaken at community level in the household register or by IPs, but this varies across programme areas and countries and the systematic identification of people who might need support and pro-active follow-up does not appear to be happening.

Outcomes and challenges for the potentially disadvantaged – It is clear that many people who may be considered disadvantaged have benefitted positively from the GSF-supported programmes, particularly in ODF verified areas; and a range of positive outcomes/impacts were reported by people who may be considered disadvantaged across the communities and countries visited. These relate to safety, convenience, ease of use, self-esteem, health, dignity, improved environment and in a few cases income generation. Some people have built their own latrines; some have been supported by family, and others by community members, such as those in leadership positions, youth groups, community-based organizations, neighbours, or in some cases by other people who may also themselves be considered disadvantaged. In some cases, Natural Leaders and WASH committee members have agreed to provide long-term support for the ongoing hygiene and maintenance of latrines for people who are older or visually impaired. Also, a number of examples were seen where people who might be considered disadvantaged have taken leadership roles within the process. Some people with disabilities have been identified as Natural Leaders and are active on some WASH committees, and there are a range of women as well as men who are Natural Leaders. In addition, CLTS facilitators include some people from marginalized groups, and people from a Dalit community visited in **Nepal** used the opportunity of the programme to break down stereotypes.

However, it is also clear that many of the people who might be considered disadvantaged (particularly people with disabilities and older people) did not participate in the pre-triggering or triggering processes and there were a number of barriers to their engagement. The team also met people who they considered to be very vulnerable[9] who had ‘fallen through the

7 CRSHIP (2016)
8 Bikash Shrot Kendra Pvt Ltd (2016, draft)

9 Such as households with adults with mental health or physical disabilities limiting the household’s income generating abilities, single older person-headed households with multiple dependents and ultra-poor households.

net' in different ways including being left to dig and bury (including in some cases in ODF communities), vulnerable people who were being pressured to build over long periods of time, or had to wait for two years or longer after the triggering event to be supported with a household latrine. The pressure put on vulnerable people to build is an area that requires urgent attention. This issue is complicated by the difficulty of assessing who is really poor and in need of support or otherwise, and the reservations of implementers not wanting to disrupt community momentum through the provision of subsidy, based on negative historical experience.[10] Some examples were seen or heard of very poor people who have had to sell their land or few assets, or who have lost the title to their land through not being able to pay back loans. Whilst it is not possible to know the scale of these challenges, the fact that these examples have been identified within the limited number of villages that the team were able to visit and short periods in each country, indicates that they are also likely to exist elsewhere and are areas that require increased attention from both GSF and other actors utilizing CLTS approaches.

Another gap seen across all programmes visited related to accessibility of latrines for people with disabilities and mobility limitations. Some adaptations were seen, but most of these had been self-initiated, which is positive and could be argued as in line with CLTS principles of self-help. However, as facilitation on the options for accessibility and other specific needs has not been systematically undertaken in any of the six countries visited,[11] this has resulted in many people with disabilities or mobility limitations currently sitting directly on a mud slab, balancing on a bucket, or defecating on the floor of a house or compound (which is then disposed of by a family member).

Particular challenges are also being faced in relation to sustainability/slippage. People who may be disadvantaged are generally supported with the simple latrines, which are most liable to collapse. This poses a particular challenge for someone who then has to wait for others to help them to rebuild. Challenges were also expressed relating to the sharing of latrines, even with relatives; and in some households not everyone is using the latrine even when it exists.

10 This comment is based on observations made in a country where subsidy is allowed for the poorest, but what is an acceptable level of pressure being put on the most disadvantaged is something that all programmes based on CLTS should pay attention to.

11 Although occasional examples heard of where IPs have initiated this discussion themselves.

FATHER CONSTRUCTED OWN LATRINE AND ONE FOR DAUGHTER, BALAKA DISTRICT, MALAWI

Gringo, who has some difficulty walking, built this latrine and washing area for anal cleansing. He is now building another latrine for his daughter, so that she will not walk in on him (photo: S. House)

FEMALE COMMUNITY HEALTH VOLUNTEER FROM MUSLIM MINORITY COMMUNITY, ARGHAKHANCHI DISTRICT, NEPAL

Habira, from Arghakhanchi District, **Nepal**, who promotes sanitation and hygiene in the community where she lives standing outside the toilet at her home (photo: S. Cavill)

LATRINE BUILT BY SON WITH LARGER SQUAT HOLE, LOGO DISTRICT, NIGERIA

Uger, the son of Nyion, an older woman probably over 90 years and who is unable to see, built her a toilet with a larger square hole so that it is easier for her to use (photo: S. House)

Other areas for attention – The issue of marginalized and minority groups can be a sensitive issue for programme implementers, with not everyone being comfortable to admit some people are in this position. One particular 'blind spot' identified is the inclusion and treatment of people with mental health conditions, or people with addictions (such as alcoholism or drugs), particularly where they are not able to stop the practice of open defecation through traditional triggering tools or logical argument. People who live on the streets and people in low-paid and dangerous employment (including sex workers), including in districts that have been verified as ODF, are other groups who have been paid little attention. Knowledge and confidence is also low in the sector on the needs of, and how to engage with sexual and gender minorities (SGM), a group that faces significant discrimination, which is complicated by the varying legal positions in different countries. Particularly vulnerable geographical areas, such as those with difficult environmental conditions, pose additional challenges; as do those affected by disasters where people also face additional complications from the differing approaches to the use of subsidy. Both require greater flexibility in programming, which GSF has already shown in its response to the earthquake in **Nepal** and to conflict and flooding elsewhere.

Conclusions

A wide range of people who may be considered disadvantaged have benefitted from GSF. This has occurred partly because the Fund has intentionally focussed on poorer or what could be considered otherwise disadvantaged areas, and partly because community support mechanisms have been utilized. However, people have fallen through the gaps or faced challenges that may not be openly apparent when focussing on the community as a whole and the differences within the community and within households have not always been understood. Specifically, the importance of including those who are most disadvantaged in CLTS processes and of enabling their active participation in the programme (rather than simply ensuring that they have access to a latrine) has not been adequately recognized.

Strengthening guidance and capacity building of CLTS facilitators, so they can strengthen the facilitation processes to better integrate considerations related to EQND is needed. In particular, there is a need to strengthen facilitator and community leaders' awareness of the different needs within the community, involve people who may be disadvantaged throughout the process, and use community support mechanisms as part of the CLTS process; all areas where a lack of consistency was seen. Whilst some people may feel that the CLTS process is in itself equitable because all people in communities need to have stopped OD and have access to and be using a toilet before ODF certification is possible, the conclusion of this study is that the CLTS process does not automatically ensure equality and non-discrimination in the programme processes and outcomes. More proactive attention is needed throughout the programme cycle to build on current successes and ensure that people do not fall through the net or come to harm through the actions or omissions of the programme.

However, simple programme adaptations to systematically incorporate those who are potentially disadvantaged into plans, guidance, training, codes of conduct and monitoring, evaluation and learning (MEL), will go a long way to ensure that the process effectively responds to EQND and will increase the benefits for and protect those who need it most. A range of the recommendations should be relatively easy to integrate at limited cost, just through keeping people who are disadvantaged at the forefront of the agenda at each stage, but some additional budget allocation will be required to build capacities, and adequate time will be required to be spent in communities to ensure that people who are disadvantaged are not overlooked. The team found that programmes were eager to improve in this area and keen to receive additional guidance and support, and to build on the learning that has already started, which was very positive.

Recommendations

Disclaimer: The recommendations that follow are made by the consultants to inform further discussion and decision-making by GSF.

The key recommendations are:

R1 SUMMARY OF RECOMMENDATION FOR ACTION BY GSF

Provide basic guidance to the GSF-supported country programmes on minimum programme standards including the introduction of a global code of conduct, continuing to identify good practice in relation to EQND and supporting capacity building and MEL.

Key actions recommended include: The development of global and country level strategies and plans for strengthening EQND at different levels; allocation of budget; provision of guidance and minimum standards; development of and requirement of all EAs and IPs to sign up to a global code of conduct; produce a practical guidance manual with key concepts and practical tips; build own capacity on responding to the dignity, rights and inclusion of people from marginalized groups, including people from SGM and people with mental health conditions; fund EQND advisor posts for all country programmes; continue to engage with government in national planning and policy-making processes.

R2 KEY PRINCIPLES ON EQND

GSF should develop and share a set of key principles with the country programme teams on which all work should be based.

Key principles suggested for GSF to continue developing include those related to: Recognising difference; 'doing no harm' (including guidance on how to do this); considering and advocating for how those who may be potentially disadvantaged can be more involved in the programme processes; encourage self-action but also recognize where support from the wider community or elsewhere may be required; transparency in provision of external support; collaborate with organizations representing those who may be disadvantaged; continue learning on EQND and feedback into the programme.

R3 TERMINOLOGY AND CATEGORIZATION OF DISADVANTAGE

Establish the global terminology to be used by GSF related to disadvantaged individuals and groups and provide guidance on categorization of factors, as a starting point for country programmes to adapt to their own country contexts.

Key actions recommended include: Use the term *'potentially disadvantaged'* as an overview term which includes *'individuals and groups who may be vulnerable, marginalized, excluded or actively discriminated against, or experiencing inequities, inequalities or stigma'* – the term 'potentially' takes into account the fact that not all people who may be considered disadvantaged may actually be so; each country to establish a set of appropriate and respectful terminologies in each country context in all languages used in the programme area. In addition, it is recommended to use the 'Clusters of Disadvantage' in **Figure 1** as a way to simplify the complex web of interlinking factors affecting disadvantage and investigate the use of the categorization of those who may be potentially disadvantaged into three groups as summarized in **Figure 2**.

R4 ENSURING INCLUSION OF MARGINALIZED AND EXCLUDED INDIVIDUALS AND GROUPS

Particular attention should be placed on ensuring that individuals and groups who may be marginalized or excluded, are identified and included in the programme, in ways that ensure their safety and that support their dignity and rights.

Key actions recommended include: Emphasizing the importance of recognition of marginalized individuals and groups, incorporating this issue within capacity building initiatives and where appropriate bringing in experts with experience of working with particular marginalized groups to raise awareness and assist with the development of appropriate strategies for the programme. Pay particular attention to proactively learning about how to engage appropriately with people with mental health conditions; ensuring that people who are sexual and gender minorities are treated with respect and dignity in all country programmes; and that people living on the streets and in poorly paid or dangerous employment are not overlooked in programme areas.

Figure 1: Clusters of disadvantage *

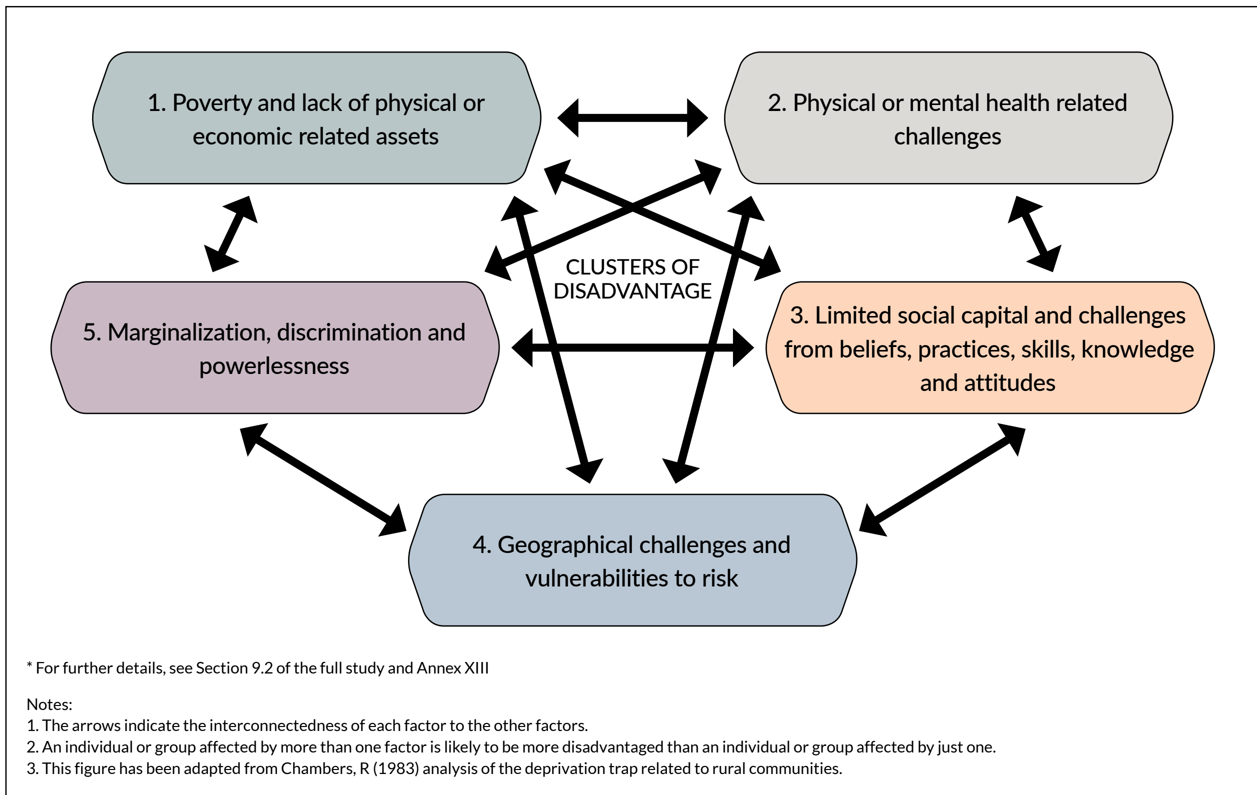
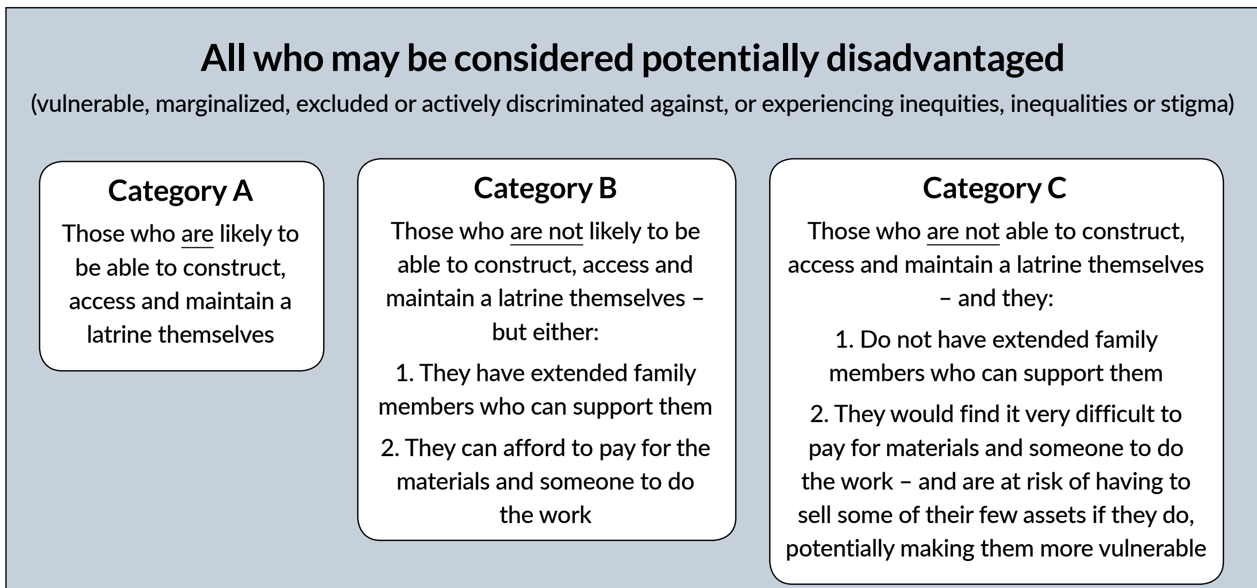


Figure 2: A, B and C categories of households from the perspective of who is likely to need support from outside the family



R5 CAPACITY BUILDING AND EMPOWERMENT OF PEOPLE WHO MAY BE DISADVANTAGED

Consider how the programme through its programme processes can support the capacity building and empowerment of people who might be disadvantaged.

Key actions recommended include: Proactively identify and engage emerging Natural Leaders from groups that may be normally considered disadvantaged and aim for gender parity in Natural Leaders where possible; consider mechanisms that could be used to support empowerment of potentially disadvantaged individuals and groups and to contribute to breaking down stereotypes and reduce exclusion and discrimination; consider and provide capacity building to encourage potentially disadvantaged people to take up leadership positions and to be able to sustain their own toilet and handwashing facilities; and consider what training might be needed for staff, partners, community leaders and other actors involved in the programme to support the above.

R6 LIMITS OF METHODS OF INFLUENCE

Clarify the different methods that should be used to influence others to change their sanitation and hygiene practices and establish limits within a Code of Conduct that all staff, partners and community leaders should agree to.

Key actions recommended include: Establishing guidance[12] on the differences between persuasion, and different types of coercion and the limits acceptable under the programme, with practical examples to increase understanding; and establish safeguards and practical suggestions for: a) people who do not understand why it is important to stop OD even after triggering; b) overcoming resistance; c) taking into consideration different forms of disadvantage; and d) assisting the most vulnerable who are unable to construct, maintain and sustain a latrine.

R7 OPTIONS FOR SUPPORTING THE POTENTIALLY DISADVANTAGED

Consider the different methods for supporting the potentially disadvantaged, including the option of receiving a government approved subsidy for the Category C group of households.

Key actions recommended include: Reviewing the range of options that can be available for supporting people who may be disadvantaged. See **Figure 3** for an overview.

It is recommended that wherever possible people should be encouraged to construct their own latrine when they can do so, encouraging self-efficacy and self-confidence, then encouraging family members to support, and if this is not possible then the wider community. As an additional option, it is suggested that targeted government-sanctioned subsidies (labour, materials, finance) from different sources could be made available for the Category C group of people (see **Figure 2**).

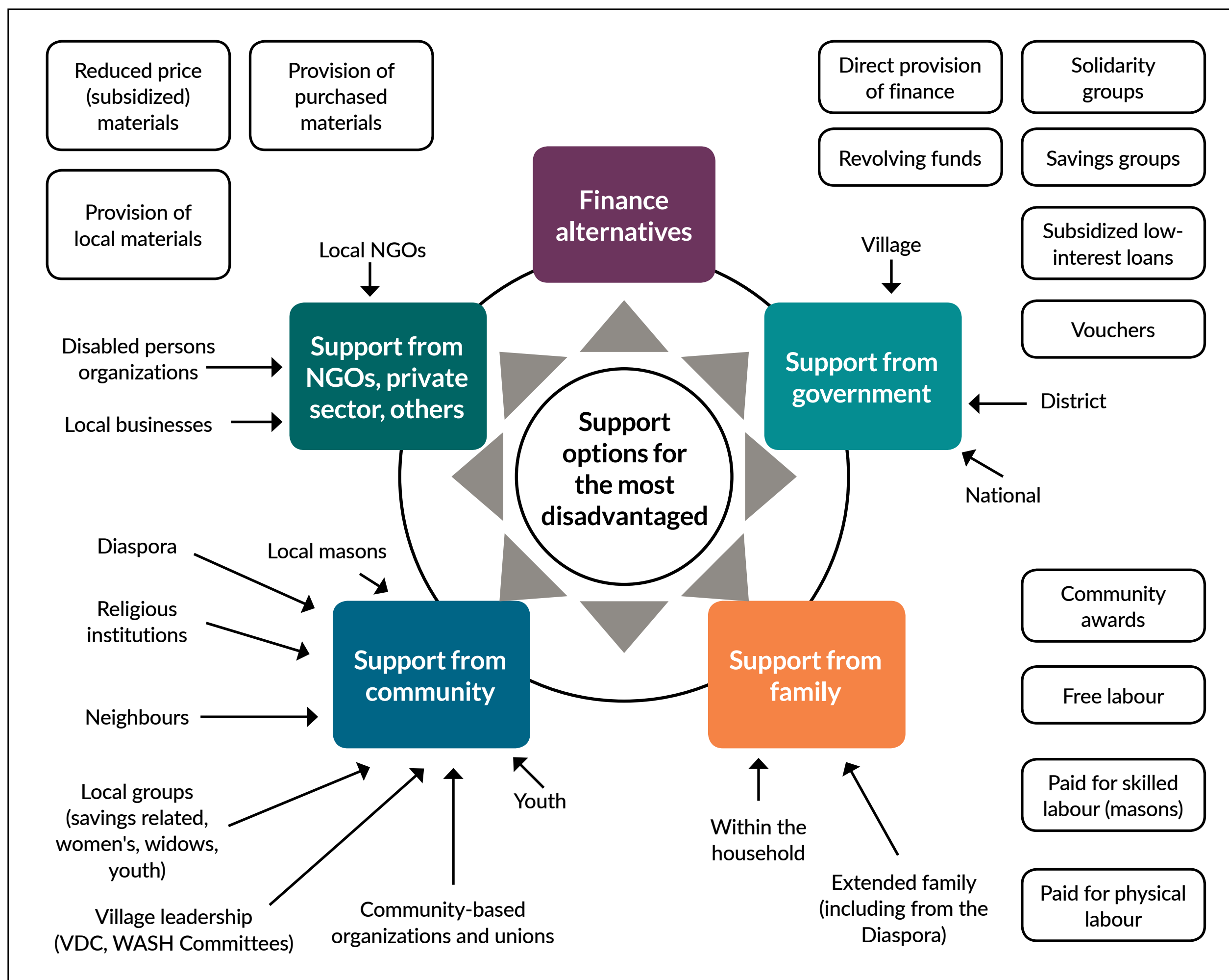
R8 WORKING IN DISASTER AND CONFLICT PRONE AREAS

GSF should have flexibility in its strategies and approaches to programming in areas vulnerable to and affected by natural disasters and conflicts.

Key actions recommended include: Being aware of the programme areas vulnerable to climate change / natural disasters or conflicts during the programme planning phases; integrating this consideration into planning figures, time schedules and budgets; enabling flexibility to manage the impacts of such events on the programme outputs; retaining an emergency preparedness fund at global level that can be called upon by any of the programme countries; considering strategies to rationalize the use of subsidies associated with humanitarian action and the transitions for returning to longer term non-subsidy approaches, including working with humanitarian actors to determine the same; and use the existing knowledge of programmes working in disaster or conflict-affected areas (such as **Nepal**, **Nigeria**, **Malawi**) to build global competence in appropriate strategies.

12 Some suggested guidance has been provided in the 'Dos and Don'ts' table in Annex XI.

Figure 3: Options for supporting the most disadvantaged



R9 BROADENING THE IMPACT: DISABILITY, MHM, INCONTINENCE, URINATION AND TO BROADER ASPECTS OF SANITATION AND HYGIENE

GSF is encouraged to strengthen its programmes and to offer more guidance and support to programmes in the areas of disability, MHM, incontinence and urination, all of which have EQND implications; and to continue to provide ongoing support to communities post-ODF to respond to broader sanitation and hygiene needs and with the added benefit of being able to monitor and reduce the risk of slippage for the most disadvantaged.

Key actions recommended include: **a) Disability:** establishing partnerships with disabled persons organizations; encouraging country programmes to develop practical guidance by building on existing useful compendiums and including experiences from the country programmes. **b) MHM:** utilizing opportunities from the WSSCC MHM advocacy activities and the existing GSF-supported programmes, such as in **Senegal** for learning, on how to integrate MHM into GSF-supported programmes; using triggering as an opportunity to create positive norms and breaking down myths on MHM; making sure that people understand the need for sanitation facilities that are designed to consider the needs of women and girls; undertaking advocacy including with men and boys; and considering whether efforts could be made in relation to identifying locally available menstrual hygiene protection materials. **c) Incontinence:** increasing programme understanding and capacity in the area of incontinence to be able to provide support and guidance when appropriate for families who have to manage it, including how to improve makeshift latrine facilities for use at night that consider ease-of-use, comfort, safety and as much dignity as possible. **d) Broaden focus on sanitation and hygiene for post-ODF follow-up:** Increase attention on areas of sanitation and hygiene that may be weaker in some

country programmes for stage 1 ODF[13] (such as handwashing with soap; or water quality where latrines have been constructed near water points in shallow water areas); and consider extending programming to cover other elements of sanitation and hygiene using this opportunity to also encourage the community to undertake occasional follow up with people who may be disadvantaged over time, to reduce the risks of slippage.

R10 DOS AND DON'TS OF CLTS IMPLEMENTATION

Prepare guidance and build capacity of GSF stakeholders on the Dos and Don'ts of CLTS and other approaches focussing on behaviour change at scale, to promote and protect dignity, uphold rights and value contributions of all including those who are disadvantaged; and in addition, to contribute to empowering people who may be disadvantaged and increasing community commitment to equity and equality for all.

Key actions recommended include: A series of tables split into the following areas have been provided with suggestions for Dos and Don'ts: a) enabling environment; b) organizational and MEL; and c) programme / community levels – split into 'do no harm', pre-triggering; triggering; post-triggering follow up; and by stakeholder group. A number of complementary annexes providing further case studies and other guidance have also been provided.

R11 EQND RESPONSIVE MONITORING, EVALUATION AND LEARNING (MEL)

Provide guidance to country programmes on how to effectively integrate EQND into monitoring, evaluation and learning and the minimum requirements for this.

Key actions recommended include: Providing guidance on minimum requirements for EQND for all elements of MEL, whilst also allowing some degree of adaptation to local contexts; supporting the systemization of EQND-related data collection in existing household registers, but simplifying information to be collected where possible; and test the A, B, C categories as recommended in **Figure 2**. Recommendations have also been made as to: the different levels of monitoring and information needed by communities, IPs and GSF globally; when each level of EQND considerations should be considered and by whom; more detailed questions have been suggested for baseline and outcome surveys that look further into intra- and inter-household related issues with variations by gender, age and other forms of diversity; and to encourage continued learning on EQND-related issues and the sharing of the same between programmes.

R12 R12 – PROGRAMME MODALITIES

Consider the impact of programme modalities in ensuring EQND when designing new or extensions to programmes.

A number of programme modalities that are considered positive in relation to EQND include: Triggering and follow-up in smaller communities; paying CLTS facilitators from communities themselves; increasing quality of follow-up and also ensuring adequate time for follow-up specifically with people who may be disadvantaged; strengthening rewards for communities that become ODF that could also be utilized to support community projects, including for the most disadvantaged; significantly increasing attention on institutional and public latrines (including whether GSF can support some infrastructure costs); considering the provision of more incentives/small motivations for key community level actors, including for example shared bicycles to facilitate reaching more people where communities are spread out; encouraging the identification of Natural Leaders rather than appointed ones and facilitating flexible systems that allow for integration of emerging Natural Leaders; and recommending that all households including potentially disadvantaged individuals should have access to their own household latrine and not be expected to share.

13 Some countries have two stages in their declarations related to sanitation, with the second including additional elements that need to be passed before the community is declared to have met this stage.

NEPAL: JILMAN MIYA, A 70-YEAR-OLD MAN FROM A MUSLIM MINORITY COMMUNITY IN ARGHAKHANCHI DISTRICT, DISPLAYS HIS SANITATION FACILITY, WHICH INCLUDES A BATHROOM AND A TOILET. ©SUE CAVILL

CASE STUDIES AND EXAMPLES 2

The following case studies and examples are extracted from and based on **Annex IX** of the *Scoping and Diagnosis of the Global Sanitation Fund's Approach to Equality and Non-Discrimination*. The main report, full annex and all other annexes can be found online at **wsscc.org**.

EQND in CLTS: Challenges

OLDER MAN WHO IS VISUALLY IMPAIRED AND HE AND HIS WIFE HAVE NO TOILET – IN ODF COMMUNITY

The team undertook a focus group discussion with people with disabilities and older people in a community in **Nigeria** that had been declared ODF for a couple of years. During the discussion, each member of the group was asked if they used their own toilet, used a neighbours' or did not use a toilet. There was a mixture of responses, with a number reporting that they had their own toilets and others who shared with relatives. But one older man who was also visually impaired, said that he did not have a toilet.

Later that day, the team located him in his home and 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. So, he and his wife still have to practice dig and bury, even though the village was declared ODF some time ago.

(Source: Study authors / Nigeria)

IMPACT OF DISASTERS

An older woman who lives with a 17-year-old lost her home during the earthquake and now lives in a home constructed of corrugated sheets. A local NGO supported with some of the sheets. She also took out a loan to construct her temporary home.

She had taken a loan three to four years ago to build her toilet. It was 20,000 Nepalese Rupees (around $190) and she has now paid it back. She paid it back by selling several goats (five or six) and some rabbits.

CRACKED LATRINE, RASUWA DISTRICT, NEPAL ©S. HOUSE

But when the earthquake struck she lost most of her cattle. Her and her daughter lay on top of two of their goats to save them. All of the others were lost. She now has one cattle and a few goats and is trying to build her stock up again. She took out a loan to buy the cow.

Her latrine was damaged with cracks. She is still using it but is planning to take out another loan to repair it properly. No one has offered support. However, it is possible she will be entitled to some materials, but in **Nepal** people who are entitled are not informed until after 90-95 percent of the households have constructed a latrine. (Source: Study authors / Nepal)

LACK OF PRIVACY FOR TEENAGE BOY

Samba is 16 years old and cannot walk, so he uses a wheelchair. He does not go to school as it is difficult to get there. 23 people live in the whole compound and Samba has 10 people in his immediate family.

They have two toilets in the compound – both traditional (wood slab covered with concrete and roofless straw/corrugated iron superstructure). Samba has to use a potty outside the latrine as the door is not wide enough for his wheelchair. His mother usually has to help him. At night, they put the potty on the veranda and Samba can just about manage to get out and use it on his own. He would prefer to have more independence and use a seat in the latrine. A commode at night would also be more comfortable. (Source: Study authors / **Senegal**)

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DISADVANTAGED PEOPLE USING SOCIAL SECURITY, TAKING OUT LOANS AND SELLING ASSETS TO BUILD TOILETS

- Some older people have used their social security allowances to build a toilet.
- Older men have taken out loans to build toilets using their land as surety, but they were unable to pay back the loan and hence lost their land.
- To build a toilet one family sold their gold earrings which the wife had bought from selling her goat, after she could not get a loan.
- One very poor family that did not even eat twice some days, sold their land to build a toilet and now only have their house.
- A day labourer used his day wages even though it was not enough to feed his family, and some materials provided by a trader who he used to work for.

(Sources: **Nepal** case study document (UN-Habitat, 2014) and study authors / Nepal)

DIFFICULT ACCESS TO LATRINE DOWN SLOPE

We met a very old woman (probably over 80 years old) who walks slowly with a stick. She is a widow and the community members said that she does not have any family to support her, although she said that she has a son that built her toilet, but works collecting palm oil.

Her latrine is a hundred meters or so behind her house down a slope and over rough ground. She walked part way with us to the latrine but then asked us to walk to the rest of the distance alone. She said that she cannot use the latrine as it is, as there is no handrail to help her squat. So, she uses a 'rubber' (bucket) in her house (we understood she uses it both day and night), and then carries it down the slope to empty it and flush it away. It was difficult to imagine how she manages to carry the bucket with the waste in down the long slope to the latrine, although we were told by a neighbour that she cleaned the whole compound that morning and that to get to the latrine she just takes her time.

When asking her for recommendations as to how the programme could help older people be able to access a latrine more easily, she said having a handrail would make it easier and also having a proper building around the latrine would be preferred.

(Source: Study authors / Bekwarra, **Nigeria**)

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SHARING AND DECISION MAKING RELATED TO SANITATION

Three families in **Senegal** live together in one household, but they only have one toilet, which is brick lined and pour flush with a roof. The women would like to have more facilities but the men in the household make decisions about buying additional facilities.

Some older women in **Malawi** told us that they did not like to be dependent and beholden to others, even their relatives. They said it made them feel bad – like second-class citizens. In return, they might have to be responsible for cleaning the toilet and if they complained about the lack of cleanliness they would be told to go in the bush or build their own latrine. Others said there is sometimes pressure when needing to go in the morning and the toilet can be locked, so they do not always have access.

(Source: Study authors / Senegal and Malawi)

PRESSURE TO BUILD – APPROPRIATE OR GOING TOO FAR FOR THOSE WHO ARE PARTICULARLY DISADVANTAGED?

In the Terai region in **Nepal** the team participated in a 'patrol' in a non-ODF community, which had been triggered two years previously. The population belonged mainly to a Dalit community, one of the most marginalized 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 despite the fact that they are likely to be entitled to support, pressure is brought to bear on even the poorest households until over 90-95 percent have built a latrine. This is because of the concern (widely expressed by all involved in implementation from national level government to triggerers), that if the availability of subsidy for the poorest becomes widely known at the start of the process, then many people will stop construction in order to ask for support.

The team met some people who were stressed, frustrated and in some cases angry about what was happening, after being pressured over a long period of time. For example, one woman bought two rings to construct her latrine but cannot afford to complete it. One of her sons has mental health issues and she looks after young grandchildren. She expressed how she is regularly pressured by the people who come to her house and shared that she has been threatened to be taken away by the police, to which she said, "that's fine take me away with you".

THE FAMILY OF THE WOMAN AT THE FRONT OF THIS PICTURE SHARES HER SMALL COMPOUND WITH HER BROTHER-IN-LAW'S FAMILY. THE ONLY AREA BETWEEN THE TWO ROOMS THAT EACH FAMILY HAS IS THE SMALL COURTYARD ON WHICH THE WOMAN IS STANDING. AS SHE HAS NO OTHER SUITABLE SPACE, SHE IS CONSTRUCTING A POUR FLUSH LATRINE INSIDE ONE OF THE SMALL ROOMS IN THE HOUSE, WHERE IT APPEARS THAT THEY CURRENTLY KEEP ANIMALS. ©S. HOUSE

(Source: Study authors / Nepal)

SLIPPAGE AND REBUILDING LATRINES MULTIPLE TIMES

FLORIDA DID PIECE WORK TO GET THE MONEY TO PAY SOMEONE TO CONSTRUCT A TOILET FOR HERSELF AND HER MOTHER. SHE HAS HAD TO REBUILD THIS TOILET FIVE TIMES AS IT KEEPS COLLAPSING IN THE SANDY SOIL. ©S. FERRON

Various stakeholders raised the issue that the risk and subsequent implications of slippage (in relation to the quality of latrine infrastructure) were greatest for people who are disadvantaged. This was echoed by people who may be considered disadvantaged and confirmed by field observations where most people who needed support only had the most basic latrine that was often prone to collapse and was said to have a very limited lifespan.

- "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)

- One woman can walk and squat but needs her very young granddaughter to lead her to the toilet. Her latrine was built by her grandson 'many times'. It has a grass superstructure with a handwashing facility. She uses her shoes on her hands to find the hole.

(Source: Study authors / **Malawi**)

EQND in CLTS: Good practice examples

CAMBODIA EQND FRAMEWORK

The **Cambodia** EQND framework has been developed by the Cambodia Rural Sanitation and Hygiene Improvement Programme (CRSHIP). It provides an overview of the key principles of the EQND approach in Cambodia as well as some practical suggestions and entry points for staff and partners to help integrate EQND into both their work and their organizations. The framework recognizes the opportunity to address both practical (access and use of sanitation) and strategic needs (shifts in power and status) of marginalized individuals and groups. It draws on WSSCC's articulated five dimensions for achieving substantive equality:

PSAM IN ACTION, CAMBODIA. ©WSSCC/RHIANNON JAMES

1. Redressing disadvantage
2. Accommodating and embracing difference
3. Addressing stigma, stereotyping, humiliation and violence
4. Facilitating social and political participation in society
5. Achieving structural change

But it also recognizes the limits of what it can achieve and notes that: *'CRSHIP recognizes that in some instances, the root causes of inequality, including some social norms, cultural beliefs, and values are beyond the ability or scope of CRSHIP to address. In these instances, CRSHIP will aim to identify links or partnerships that can provide a more comprehensive approach to addressing issues of inequality and exclusion. CRSHIP also recognizes the need to make strategic choices about the ways and depth to focus on marginalized groups, as well as which particular groups to focus on as a programmatic approach'.*

ENCOURAGING COMMUNITY SELF-SUPPORT

Razafindalana Raphael, also known as 'Dadabe' ('Grandad'), is one of the oldest people in his village and had difficulties improving his latrine. He explained that: *"It will be difficult for me; I can no longer dig, deal with the mud, or fetch water. Plus, I cannot afford the materials!"* Facilitated by the GSF-supported **Madagascar** programme through Follow-up MANDONA, 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. *"And I had to pay nothing!"*, he exclaimed. Led by these emerging Natural Leaders, the community split up to help other disadvantaged people. (*Source: Follow-up MANDONA handbook*)

DADABE AND NATURAL LEADERS DISPLAY HIS IMPROVED LATRINE. ©FAA/G. RABENJA

FOLLOW-UP MANDONA[14]

Follow-up MANDONA (FUM) is an action-oriented, collective approach for post-triggering follow-up visits, as part of Community-Led Total Sanitation. The FUM approach was pioneered by MIARINTSOA NGO – an Implementing Partner in the GSF-supported 'Fonds d'Appui pour l'Assainissement' programme in **Madagascar**. The approach builds on an existing tradition of collective community work (*'asam-pokonolona'*) and a spirit of solidarity. With the help of a facilitator, the approach involves:

- Enabling the community to review the progress on what has been achieved following the triggering session
- Making sanitation adjustments where required through *'small, immediate, doable actions'* (SIDAs), and ensuring 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, which can include reviewing whether a toilet is accessible for someone with a disability, for older people or for children

Examples of how the approach supports those who are potentially disadvantaged:

Facilitate collective self-analysis:
With the permission of the latrine owner, ask everyone to view inside the latrine. The team member acting as the Environment Setter should encourage those standing on the periphery to become engaged, and ensure that women, children, and other community members that are often left out (female-headed households, widows, the elderly, and people living with disabilities or HIV/AIDS) are actively participating. (*Extract from page 27 of the Follow-up MANDONA handbook*)

Never leave anyone behind:
The FUM session should help the community get as close to ODF status as possible. Don't stop facilitating when only one or two community model latrines have been created! Everyone should be triggered and take immediate action to ensure that their community does not eat shit. (*Extract from page 42 of the Follow-up MANDONA handbook*)

Dos and Don'ts:

Do	Don't
Encourage disadvantaged sections of the community to participate	Discount women, children and others who often get left out
Encourage support for community members who are less able	Overlook existing or emerging community support systems

(*Extract from page 52 of the Follow-up MANDONA handbook*)

LEADERSHIP AND ROLE MODELS

In **Nepal's** caste system, Dalits (or 'untouchables') face deep-rooted discrimination, exclusion, and extreme poverty. However, one Dalit community in Khana VDC, Arghakhanchi District, used the national sanitation campaign to break down caste stereotypes. To show that they would not be considered last, the community organized groups to help each other (four to five households per group) to build latrines and support those who were not able. Working together, the community succeeded in completing their latrines before many people of traditionally 'higher' castes. (Source: Study authors)

SHASHI SUNAR IS PART OF THE DALIT COMMUNITY THAT HELPED BREAK DOWN CASTE STEREOTYPES. ©S. CAVILL

14 Download the handbook on wsscc.org: WSSCC. (2016). *Follow-up MANDONA: A field guide for accelerating and sustaining open defecation free communities through a Community-Led Total Sanitation approach.* Retrieved from http://wsscc.org/resources-feed/follow-mandona-field-guide-accelerating-sustaining-open-defecation-free-communities-community-led-total-sanitation-approach

ECOSAN LATRINE SUPPORTED BY A COMMUNITY-BASED ORGANIZATION

The father of the family is old and not able to walk well, and he is mostly bed-bound. A Community-Based Organization built an EcoSan latrine for the father and his family. The latrine does not need water and is effective for harvesting manure for agricultural activities, and the design is useful for unstable soils, as the pits are not large. The latrine was very clean and tidy, and was clearly used due to the fertiliser stacked up outside. (Source: Study authors/Nkhotakota District, **Malawi**)

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SON BUILT GENDER-SEPARATED LATRINE

A son has built a gender-separated latrine for his older mother and family with the support of a mason. It is made of a concrete slab, concrete block walls, and metal sheet roofing. Bricks have been laid to ease squatting over the drophole and ease anal cleaning. A bucket of ash and a tippy tap allow users to wash their hands. The temporary curtains, which do not provide sufficient privacy, are going to be replaced by proper doors (wooden frame and metal sheet) shortly. (Source: Study authors / Plateau Region, **Togo**)

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Innovations to make latrines more user-friendly and accessible

CHILD-FRIENDLY FACILITIES

A child's potty in **Senegal**: Children often have difficulty using regular pit latrines, and they can even be dangerous. To address this, the GSF-supported programme in **Senegal** encouraged the use of children's 'potties', which are now widespread, with some families having several different sizes and one for each child. (Source: Study authors / Senegal)

In **Nigeria**, commode chairs have been purchased and separate 'mini latrines' are built specifically for children's use. These local technologies ensure that children can use the toilet safely, and helps support the development of good sanitation and hygiene habits at a young age. (Source: Study authors / Nigeria)

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BROTHER SUPPORTED SISTER WITH LATRINE WITH SMALL RAMP AND BATHING FACILITY

Chadrick has built a latrine and a bathing shelter for his sister Dorothy who moves by crawling across the floor. He has built her a latrine before but the last one collapsed, so he built the new one. It had a small ramp at the entrance. The bathing shelter had low-level wood for hanging cloths on, and a toothbrush is located at a low level in the grass wall. (Source: Study authors / Nkhotakota District, **Malawi**)

©S. HOUSE

LARGER SQUAT HOLE

Nyion is an older woman (probably over 90) and is unable to see. Her son, Uger, guides her using a stick which they both hold at different ends. He also guides her to the toilet at night. He built her a toilet more than once when old ones collapsed. The toilet has a raised floor and a large square hole, with a small wooden frame around the hole on which the cover sits. The large square drop-hole has been installed so that she is able to hit the hole as the small one was too difficult. She finds the latrine easy to use and she demonstrated how she gets in using her stick to find the location, and that although she is old she is still able to squat. (Source: Study authors / **Nigeria**)

©S. HOUSE

ROPE TO GUIDE TO LATRINE

Bilaye, the head of his household, who is also blind, has understood well the importance of ODF status and the need to sustain this status in the village where he lives. His domestic latrine was built by his children, but access remained an issue for him. His younger boy, aged six, guided him each time he needed to go to the toilet. But the day before school started, he realized that his boy had to abandon him to attend school. He found a solution to his problem, allowing him to reach his latrine on his own, thus contributing to keep his community ODF, whilst make it possible for his son to go to school. He simply attached a string from the mango tree of his backyard to the latrine and uses this string as a guide. This simple innovation has meant that he is no longer dependent on others to access the latrine. (Source: GSF Executing Agency / Kara Region, **Togo**)

©N. YABOURI/UNICEF

MOULDED EARTH PEDESTAL

Lamboni is 65 and lives with a physical disability. Because he could not squat to defecate, Lamboni elevated the drop-hole in such a way that he can sit. He finds this position comfortable and does not need to worry anymore, anytime he feels the need to go to the toilet. This improvement also allowed all family members to use the toilet without any form of discrimination. (Source: Implementing Partner / Savanes Region, **Togo**)

©S. AKAKPO/CDD

THE CLTS TRIGGERING PROCESS IS KEY TO INCLUSIVE SANITATION. ©WSSCC

3

GSF REFLECTIONS ON THE EQND SCOPING AND DIAGNOSIS

GSF's foundational principles, rooted in WSSCC's Vision 21,[15] included that the Fund would promote people-centered, community-managed and demand-driven approaches for collective behaviour change; that it would target poor and unserved communities; and that it would incorporate gender considerations and equity dimensions. As acknowledged by the study, this influenced both programme design and geographical targeting and as a result many disadvantaged people benefited positively from the GSF-supported programmes to date.

As a pooled finance mechanism, guidance provided by GSF in its early years emphasized the strategic focus to demonstrate the power of scale – that the GSF model could empower millions of people to radically change their sanitation situation and thus lead healthier lives. GSF strongly relied on the emergence of locally crafted and implemented solutions and community dynamics to ensure focus on disadvantaged groups – resulting in some creative ways for these groups to gain access to sanitation.

Nevertheless, at the outset GSF had not yet developed appropriate tools and systems to address EQND systematically, and it was not adequately embedded throughout the programme cycle. At the same time, it is clear that ensuring sustainability and equality and non-discrimination in collective behaviour change programmes operating at scale has been, and continues to be, a substantial learning journey for the sector as a whole. GSF and its supported country-programmes, Executing Agencies, Implementing Partners and Programme Coordinating Mechanisms have been on this journey too. In recent years, the Fund has steadily strengthened sustainability and EQND considerations in programme design and implementation. Furthermore, many promising approaches and inspiring leaders have been breaking down barriers and paving ways forward,

15 WSSCC. (2000). *Vision 21: A Shared Vision for Hygiene, Sanitation and Water Supply and A Framework for Action.* Retrieved from http://wsscc.org/wp-content/uploads/2016/04/Vision-21-A-Shared-Vision-for-Hygiene-Sanitation-and-Water-Supply-and-a-Framework-for-Action.pdf

and this study has given us a great opportunity to build on this.

In the era of the SDGs and their strong focus on universality, WSSCC's *2017-2020 Strategic Plan* with its emphasis on reaching SDG 6.2 in entire administrative areas, explicitly requires a more deliberate focus on EQND. For one, this requires measuring it. In line with what is suggested in the recommendations, the revised GSF Results Framework incorporates a number of EQND sensitive indicators and will enable more systematic disaggregation of data to establish programmatic impacts on different population groups and potentially disadvantaged individuals. Among other aspects, additional indicators aim to: measure the extent to which women, girls, the elderly and people with disabilities indicate satisfaction with their sanitation and hygiene facilities and their levels of engagement in the decision making process; presence of gender-separated toilets in public schools and health facilities; women and girls with improved MHM practices; and access to and use of appropriate climate-resilient sanitation and hygiene facilities for people living in areas prone to extreme weather events.

The EQND study concludes that "Community-Led Total Sanitation (CLTS) is not automatically inclusive if difference is not specifically recognized and if people who are disadvantaged are not pro-actively considered at the forefront of each step". Furthermore, one of the more thought-provoking findings of the study is that not all people who are considered potentially disadvantaged are indeed so, when it comes to their ability to construct, access and maintain a latrine or practice safe hygiene behaviours, especially if they have potential access to support from within their family or community. To this end, GSF is eager to explore how it can utilize the proposed 'A, B, C' model for identifying those who aren't likely to be able to construct, maintain and/or access their own latrines, and are likely to require special attention and monitoring. GSF will work with all its Executing Agencies, Implementing Partners, community consultants and community WASH committees to: i) reflect on their own prejudices and practices related to for example gender, physical ability, ethnicity or age, in order to avoid perpetuation of stigma, discrimination and marginalization; ii) meaningfully include potentially disadvantaged people in decision making processes; iii) strengthen (community) support mechanisms and ensure in particular that those groups identified as requiring particular attention, can construct, access and maintain toilets and handwashing facilities, and sustain behaviours; and iv) empower these groups to climb the sanitation ladder.

NIGERIA: JOSEPH CANNOT SEE AND USES HIS BROTHERS' PIT LATRINE. HIS CHILDREN BRING WATER TO THE LATRINE EACH DAY, AND HE CAN FIND HIS OWN WAY TO THE LATRINE BY USING HIS CANE. HE WANTS TO BUILD A LATRINE INSIDE HIS HOUSE BUT HE CURRENTLY DOES NOT HAVE THE MONEY TO DO SO. ©SARAH HOUSE

DEVELOPING A COMMUNITY ACTION PLAN TO ACHIEVE AND SUSTAIN OPEN DEFECATION FREE STATUS. ©WSSCC

A key area for critical reflection will be around the use of external support mechanisms, including financial support, as discussed in Recommendation 7. A GSF core principle remains that support should first be sought within the community and that the Fund does not finance hardware subsidies. GSF maintains that CLTS as an approach based on empowerment and a non-subsidy principle has done more to help millions of people gain access to and use sanitation facilities and services, than any approach before it. It is also clear that hardware subsidy approaches have often derailed progress, not benefited those who should have been targeted, and are in most cases unaffordable for countries as a national strategy to reach universal coverage. However, as identified in this study and more broadly in sector debates (e.g. Robinson, 2017),[16] in some contexts, CLTS implementation can lead to situations where potentially disadvantaged people are left behind or unduly pressured. This is particularly the case in environments where the prescribed minimum standard for sanitation facilities is out of reach for the poorest, or where population density or geographical factors may require more expensive solutions – and may negatively affect the sustainability of ODF results. For all GSF-supported country programmes, the starting point continues to be to ensure high-quality collective behaviour change programmes that incorporate EQND principles along every step in the process, ensure that the right community support mechanisms are in place, and put community-led processes first. But in certain contexts, particularly in Asia, GSF will build on and learn from experiences in countries where GSF-supported programmes align and work within government policies for external support. This will help the Fund explore the nuances of external support mechanisms and develop a strategy fit for the SDG era.

With 2.3 billion people still reported to lack access to even basic sanitation services (WHO and UNICEF, 2017)[17] and the SDG call for universality, GSF's deliberate design for scale remains relevant and appropriate. But universal scale, where no one is left behind, can only be reached with a systematic focus on EQND.

16 Robinson, A. (2017). *Supporting the least able in sanitation improvement (part 1) [Article]*. Retrieved from **http://www.communityledtotalsanitation.org/blog/supporting-least-able-sanitation-improvement-part-1**

17 World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). (2017). *Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines*. Retrieved from **https://washdata.org/reports**

There are levels of engagement. Designing CLTS programmes that ensure full social inclusion in terms of people's ability to construct, access and maintain sanitation and handwashing facilities requires a concrete focus on issues related to access for women and girls, disability or reduced mobility, for example. It also offers opportunities to break the silence and start addressing issues such as menstrual hygiene management and incontinence. Doing this more structurally requires some technical programming adaptations, but will also have budget repercussions. Similarly, strengthening community mechanisms (such as women's groups), or engaging civil society institutions (such as organizations representing people with disabilities), and investing in the capacity of CLTS facilitators and community WASH management systems, can ensure more empowered engagement, community solidarity and improved monitoring of CLTS-related processes. However, this will require additional time and budgets spent per community. Addressing Recommendation 9, GSF will utilize its recently improved financial tracking system to learn and share more lessons regarding the resource implications of mainstreaming EQND into CLTS and collective behaviour change programming, and then broadening its impact.

In line with the above reflections, GSF will work with its partners and the EQND scoping and diagnosis team to implement all of the study's recommendations to the extent possible. To this end, revised guidelines for supported programmes, practical tools and minimum standard documents are foreseen for the end of 2017. It is clear that the journey to further strengthen EQND principles and considerations throughout all programmes supported by GSF, will be a journey of learning, sharing and reflection. This will require safe spaces, learning mechanisms and platforms, and constructive engagement with the broader WASH sector grappling with these same issues. WSSCC and GSF look forward to sharing challenges and successes along the way.

PABITRA DISPLAYS HER IMPROVED LATRINE IN ARGHAKHANCHI DISTRICT, NEPAL. ©SUE CAVILL

KEY TERMS AND ACRONYMS

Key acronyms

- Community-Led Total Sanitation (CLTS)
- Executing Agency (EA)
- Global Sanitation Fund (GSF)
- Implementing Partner (IP)
- Open Defecation Free (ODF)
- Programme Coordinating Mechanism (PCM)
- Water, Sanitation and Hygiene (WASH)
- Water Supply and Sanitation Collaborative Council (WSSCC)

Key terms

Community-Led Total Sanitation (CLTS)[18] is an integrated approach to achieving and sustaining ODF communities. CLTS entails the facilitation of a community's analysis of its sanitation profile, including practices of open defecation and its consequences, leading to collective action to become ODF. CLTS focuses on igniting change in sanitation and hygiene behaviour within whole communities, rather than constructing toilets through subsidies. Approaches in which outsiders 'teach' community members are not considered as CLTS in the sense of this report.

Triggering, in the context of CLTS, refers to a journey of self-realization where a community identifies faeces in the open environment, and through a facilitated understanding that they are unknowingly ingesting faeces, community members take action to end open defecation and improve their sanitation and hygiene behaviour. Central to the triggering methodology is the provocation of disgust and shock. Within GSF-supported programmes, communities are triggered prior to other CLTS activities through a community meeting or event, using a range of tools and approaches. Triggering can also be facilitated throughout the CLTS process, to achieve and sustain behaviour change. Triggering is often preceded by pre-triggering. This phase aims to analyze and understand community dynamics and sanitation and hygiene practices, as well as identify potentially disadvantaged people and households, in order to inform the triggering and follow-up processes.

18 Definitions for CLTS and ODF adapted from Kar, Kamal with Robert Chambers (2008) *Handbook on Community-Led Total Sanitation.* London: Plan International (UK). Retrieved from http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/cltshandbook.pdf

Institutional Triggering involves implementing the methods used in community triggering to ignite change at the institutional level, for example within national and local government entities. This can be a powerful advocacy approach to foster commitments among influential actors and decision makers to improve sanitation and end open defection.

Open defecation free (ODF) refers to a state in which no faeces are openly exposed to the air. A direct pit latrine with no lid is a form of open defecation, but with a fly-proof lid it can qualify as an ODF latrine. In many countries, ODF criteria goes significantly beyond the absence of faeces in the open environment. Within GSF-supported programmes ODF criteria is defined according to national standards.

Scale: In the context of GSF-supported programmes, working 'at scale' refers to going beyond villages to facilitate sanitation and hygiene behaviour change at higher administrative levels. These levels range from local to regional administrative divisions, as defined by country governments. Determinants and definitions for working at scale vary according to the context. For GSF-supported programmes, planning to work at scale requires incorporating relevant approaches into the design of the programme.

Slippage refers to a return to previous unhygienic behaviours or the inability of some or all community members to continue to meet all ODF criteria. Types of slippage include: non-compliance with ODF criteria; community members returning to open defecation; seasonal slippage; members of ODF communities defecating in the open outside their own community; slippage caused by outside communities and communal conflict; and institutions contributing to a reversal in sanitation and hygiene gains.

Follow-up MANDONA (FUM) is an action-oriented approach to accelerate the end of open defecation after the initial CLTS triggering session. Based on CLTS principles, FUM involves a series of facilitated sessions with the entire community to reinforce behaviour change and collectively undertake small, immediate and doable actions to become ODF in the shortest time possible.

THIS LATRINE, BUILT WITH BRICK AND CEMENT IN KUMPELEMBE VILLAGE, MALAWI, HAS LASTED FOR NINE YEARS. ©SUZANNE FERRON

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PROUD OWNERS OF AN IMPROVED TOILET IN KAMPOT PROVINCE, CAMBODIA. ©WSSCC/RHIANNON JAMES

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