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Identifying and supporting vulnerable people in community-led total sanitation: a Bangladesh case study

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Community Led Total Sanitation (CLTS) has been hailed as a revolutionary process for improving sanitation in low income countries, particularly in Bangladesh where it has had significant impact. Several recent studies, however, have raised concerns that the poorest and most marginalised members of the community are often neglected and/or unable to participate, and in some cases are disadvantaged by CLTS programmes. This paper describes a study that sought to explore the experiences of vulnerable people in three CLTS communities in Bangladesh. Amongst other findings, the study indicates that well-being ranking using community identified criterion should be practised when identifying a CLTS community's vulnerable members, vulnerable people strongly believe in the power of CLTS to improve their livelihoods and in the importance of their participation in CLTS activities, vulnerable people are motivated to move up the sanitation ladder and most households have made improvements to their latrine, and the installation of toilet seats on latrines to aid disabled people has in some cases decreased the sanitation independence of other household members.

Introduction

Bangladesh is one of the poorest countries in the world, with a large number of people still without improved sanitation. It is however, on course to meet its Millennium Development Goal (MDG) on sanitation, largely due to the success of 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 & 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 UN as one of the most effective approaches to promoting sanitation and achieving the MDGs towards 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 characterize communities. One of these challenges concerns the inclusion within the CLTS process of what this study refers to as vulnerable people. There are a number of groups who may fall into the category of vulnerable, including disabled people, older people, women, widowed, children, chronic poor, ethnic or religious minorities, lower castes and chronically sick (Gosling, 2009). Several recent studies have suggested that vulnerable people are often neglected and/or unable to participate in CLTS for varying reasons (Bode & Haq, 2009; Chambers, 2008; Huda, 2008; Jones et al, 2009; Mahbub, 2008), This is an area of CLTS which has been met with some scepticism as critics believe it devalues its ability as a method to assist the most vulnerable. Another criticism levied at CLTS in this area, is its 'naming and shaming' component. For example, people who are caught openly defecating during the CLTS process are publicly identified and may be ridiculed. This may inadvertently reinforce stigma and social exclusion of some groups.

Research aims and objectives

Inclusion and equitability in rural development projects is vital to the overall successes of a project. It may be presumptuous to assume that vulnerable people need assistance to participate in CLTS. A range of tools are available to facilitators to identify and support 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 vulnerable people whose community 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 local partner NGO, Village Education Resource Centre (VERC), in three communities in Rajshahi district of Western Bangladesh. A range of qualitative research methods were used, including: six focus groups held with WATSAN committees and village leaders to explore the experiences and attitudes towards supporting vulnerable people; 19 individual semi-structured interviews with vulnerable community members (participants identified during focus group discussions and interviews) to provide a direct understanding of the experiences and problems faced by people in participating in CLTS. In addition, five key informant interviews allowed issues and topics to surface that otherwise may not have been recognised by the study.

Key finding 1: Identifying vulnerable members of a community

It is considered highly important to the community that when identifying vulnerable people, local indicators are used that have been determined by the community themselves and not external agencies.

When identifying vulnerable people in the community, people are capable of using their common sense to consider broader factors of well-being and 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 considered the demands and stresses on households, such as the number of dependents, and whether or not the household had a disabled person. These criteria did not need agreed rules or guidelines. Instead, the community are able to recognise when one household is less fortunate than another.

Recommendation

When identifying and determining which members of a community are vulnerable, implementing agencies should facilitate the community to agree and use indicators of wealth accompanied by common sense and shared community knowledge to determine well-being. Following 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 of wealth.

Key finding 2: The participation of vulnerable people in CLTS and their demand for support

The vulnerable members of communities interviewed strongly believe in the power of CLTS to improve their livelihoods and strongly recognise the importance of participating in CLTS. However, despite a desire to participate many vulnerable people are usually unable to participate due to economic hardship, which they reluctantly accepted. A motivation to participate more in CLTS is shared by most, including those who participated, and are satisfied with their participation levels. It is greatly believed by vulnerable people that their participation in CLTS activities is useful, necessary and their community status does not hinder or affect their participation. Many who are unable to participate personally are represented by the participation of another family member; usually their partner. The person represented believes it helps them to participate if only in a limited capacity, and to understanding what is happening in the activities.

The demand for support amongst those interviewed was mixed. Being in the lowest category of the community well-being ranking does not necessarily mean the household needs or wants support. Of those that want support, few receive 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 e.g. 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.

Key findings 3: Latrine design and construction

Vulnerable people are motivated to move up the sanitation ladder. Many households have improved their latrine and almost all aspire to further improve it, even if this aspiration is some distance from fruition.

People seemed to take pride in the fact that they themselves have 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 possibly have on participants. The design process and options available to vulnerable people is satisfactory (excluding designs and options for disabled users).

Key finding 4: Improvements for disabled people

Lack of information and knowledge about ways to improve accessibility of latrines
The research found that on the whole, disabled people and their carers lack any knowledge on designing and building apparatus to improve the latrine access and ease of use. The availability of technology and devices for disabled people to make their latrine more accessible is largely poor. Most people were aware that some form of technology must 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 on using local materials and resources 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 like toilet chairs, handrails, etc could be used by community facilitators. These teachings could be basic but still be of use to many people and act as the catalyst for creative thought amongst the community.

Installation of latrine devices to improve access for disabled people result in exclusion of other family members
Some households have 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, which had been modified through welding to suit the user and secured to the floor of the latrine for stability. In three cases however since the installation of these seats, some other household members found their latrine was no longer suitable or comfortable for their use, and had to use another latrine. This has often reduced their sanitation independence as they share 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.

Box 1. Increased access could result in exclusion of others

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.

Summary

CLTS is having a positive impact on the lives of vulnerable people in Bangladesh. Whilst not all vulnerable 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.

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