

Dialogue circle on social inclusion - Guidance note

Objectives

- To raise community awareness of the problems some users face in accessing and using latrines;
- To support families and the community to identify problems and possible solutions to improve access to latrines;
- To encourage vulnerable groups and individuals to participate actively in the meeting by voicing their problems and opinions and contributing to problem-solving



Materials needed: flipchart paper, marker pen different colours, images from Compendium sections especially 'Reaching facilities' and 'Latrines', clothes pegs, string.

Facilitators: 3 - one to lead the discussion, one to take notes, one to encourage participation.

Participants: (maximum 20). Aim for 50% participants from vulnerable groups, (people with disabilities, older people, poor women), the remainder to include natural leaders, VHC representative, people from households with a vulnerable family member, neighbours.

Beforehand - Planning and logistics

Meeting arrangements

- Ensure meeting times are convenient for both women and men (e.g. not during meal preparation).
- Agree locations of meetings close to homes of the least mobile, in accessible locations without steps.

During the meeting

- **Encourage participants to sit in a circle**, so that everyone can see, no-one is sitting behind. Especially make sure that disabled, older people, women and children are not pushed to the back of the meeting. Arrange for those with difficulty hearing or seeing to be near the front.
- If you need to move participants, e.g. to divide into smaller groups for squatting activity, **move to or around those who are the least mobile.**
- If images are used, describe them in words to those with difficulty seeing, and supplement verbal presentations with visuals for those with difficulty hearing.
- **Encourage participation and contribution from all participants**, particularly vulnerable people and ensure respect is given to hear the opinions of everyone. (However, avoid singling people out, or asking them to contribute against their will - a difficult balance!)

¹ Wilbur and Jones (2014) Disability: Making CLTS Fully Inclusive. Frontiers of CLTS: Innovations and Insights. IDS: UK. www.communityledtotalsanitation.org

Step 1 Ice-breaker - generating discussion

Start with an activity that will attract people's attention, and get them thinking and discussing. Aim to get as many people taking part actively as possible.

The choice of activities may depend on the location:

- A. Role play (use a Role Play scenario)
- B. Squatting activity (see Activity sheet attached)
- C. No ice-breaker. If you are short of time, and the group is small, and you know the natural leaders and village chief are enthusiastic and likely to be responsive, you may decide to start straight away with Step 2.

This will then lead on to Steps 2 - 4.

Step 2 Discussion of household situation

Lead the discussion onto participants' own experience:

Facilitator: "We've talked about all kinds of problems with accessing and using latrines.

"Does anyone here, or anyone in your family face similar problems? Can you tell us more?"

"Or are your problems different? How do you manage?"

Try and get people to focus not only on the individual impairments (how weak/sick/disabled they are) but also on environmental barriers and obstacles.

(If anyone mentions any solutions, make a note and use it as an entry point to start step 3).

If discussion becomes too focused on one particular group (disabled people for example), prompt participants to think about the needs and difficulties of others in the community, e.g. older people, children, and women when pregnant or menstruating.

Step 3 Discussion of possible solutions

Facilitator: "Has anyone found solutions to any of these problems?"

or

"We heard Mrs/Mr X and Y describe solutions that work for them." Does anyone else have any ideas of solutions that might work?"

Take flashcards that illustrate all kinds of solutions to latrine access, including some that have already been suggested. Pin or stick them onto walls, or peg them onto a long string (or find another way for participants to walk round and look at the images without crowding each other). Group them into themes (paths, seats, entrances, etc).

Facilitator: Earlier you discussed all sorts of ideas for solutions to make it easier for people to use latrines. Here are some examples of solutions that have been tried out by families in other African countries. Imagine this is a market and you're going shopping for ideas. First have a look around and see if there's anything interesting.

Give participants 5-10 minutes to browse the images. The time will depend on how interested they are. Facilitators can go round and answer questions.

Facilitator: Now I'd like you to pick out any solutions that you think might be useful for you, or for someone you know, and that would be easy to do, or that have given you a new idea for a solution. You can pick more than one. (Some you might have to share). In a minute I'll ask you to talk about your choice.

Go round in turn: describe the solution, why you've chosen it? Who would it be useful for and how? Could you do it yourself?

Step 4 - What will happen next?

Encourage committee members and HSAs to agree to follow up with support and advice.

Note-taker write down actions that participants say they will take.

Summarise commitments that have been made. Ask when they will do them?

Role play scenario I: Elderly grandparent

Characters: mother, baby/toddler (crawling, not yet speaking or walking), elderly man or woman with poor eyesight, stiff joints and walks with a stick (e.g. father or mother in law).

Hint: Keep the atmosphere relaxed and light-hearted, but don't forget the serious purpose.

Setting the scene: Draw a latrine slab on a sheet of paper. Place it in the meeting circle but as far as possible from the woman. Place objects/obstacles on the way to the latrine.

The woman is busy, preparing food, stirring a cooking pot on the fire. She is also minding her baby who is sitting/crawling nearby. The old man is sitting a bit further away.

The old man slowly gets up and walks towards the latrine, bumping into things, stumbling, etc. On reaching the latrine, he struggles to get in, struggles to squat, slips, puts his hands on the slab, finally sits on the slab, gets in a mess, dirties clothes, can't get up. He is obviously distressed and calls out for help.

The woman hears and ignores him, then reluctantly goes to the latrine. She looks inside and gets annoyed. "You've made a mess again! I'll have to clean the toilet again! I'll have to wash your trousers again! Look at the extra work you make for me! Why do you even use the toilet? Just go in the bush where you won't disturb anyone!" [Improvise!]

The old man is upset and ashamed. He keeps apologising.

Meanwhile, the child crawls to the fire, hurts himself, screams. Woman rushes back to the child. Picks him up, goes back to the old man, pulls the old man to his feet, drags him back to the house and abandons him, all the time scolding him as before "You stink! You're not eating with the family tonight."

The old man is upset, apologises, doesn't argue, bows his head etc. Woman comforts her crying baby.

THE END

Discussion

Facilitator: Ask participants to comment on what happened. What do they think about the old man's behaviour? What about the woman's behaviour? What are the reasons for what happened? [Discourage blaming anyone, encourage understanding the reasons.]

Finally ask "How could things be different?" "What changes could they make?"

Especially invite ideas for practical solutions (prompt the audience "What problems is the old man facing? How could you solve them?")

Ask participants to improvise solutions. These could include: tidy up obstacles; make the path easy to follow; move the latrine nearer; provide support to hold on to, provide support to sit on ...

Repeat the role play with the improvements.

Ask participants to comment on any differences they see.

Highlight and praise any positive changes, e.g. better attitude (more patient, helpful etc).

But also the key point: Practical changes to the physical environment can benefit everyone: the old man is safer and more comfortable; the woman's workload and stress is reduced.

Role play scenario II: Blind family member

Characters: Blind adult - went blind about a year ago, feels helpless and dependent on others for help. Up until a year ago s/he was fine, she farmed her land, and kept chickens.

10 year-old daughter (because it is usually daughters), has had to drop out of school to stay with the parent to help and guide him/her during the day.

Setting the scene: Draw a latrine slab on a sheet of paper. Place it in the meeting circle but as far as possible from the woman. Place objects/obstacles on the way to the latrine.

The daughter is sitting with her parent/grandparent looking bored. Her brother is busy getting ready to go to school (putting books in a bag, brushing hair etc).

A school friend arrives and asks if they are coming to school. The brother calls "Ready!" and joins the friend. The girl says she'd really love to come but she can't, she has to stay with her parent/grandparent, to help him/her during the day.

The friend says "It's been 6 months now, you're really getting behind with school work" (the conversation continues emphasising how much the girl will miss out, not graduate, not get a decent job, etc).

Parent asks for some water to drink. The girl fetches it for her. Parent asks to go to the toilet. The girl helps guide her to the latrine and help her inside and position herself.

The grandparent talks all the time: "I hate being a burden. I used to love keeping my chickens, and we'd have eggs to eat and the chickens were so tasty. You should be going to school not having to stay at home with me. If only I could do things for myself, but it's so difficult to find my way."

Daughter says things like: "I don't mind. When you're alone you bump into things and hurt yourself. Or "Remember that time you fell over and cut your leg". And so on.

Discussion

Facilitator: Ask participants to comment on what happened. What do they think about the situation? What are the reasons for this situation? [Discourage blaming anyone, encourage understanding the reasons.]

Finally ask "How could things be different?" "What changes could they make?"

Especially invite ideas for practical solutions (prompt the audience "What problems are the parent facing? How could you solve them?")

Ask participants to improvise solutions. These could include: tidy up obstacles; make the path easy to follow; move the latrine nearer; provide support to hold on to, provide support to sit on ...

Repeat the role play with the improvements. Ask participants to comment on any differences they see.

Highlight and praise any positive changes, e.g. better attitude (more patient, helpful etc).

But also the key point: Practical changes to the physical environment can benefit everyone: the parent is safer and more comfortable; the daughter's workload is reduced, and she could very possibly return to school.

Squatting Activity - Facilitator notes

Purpose: To encourage discussion between users and service providers about design of infrastructure.

Diversity message: Men and women, old and young, use infrastructure in different ways, because of sex, age or physical attributes (e.g. shape, size, strength, impairments, ailments or injuries) and socially determined roles.

Engineering message: The design of infrastructure can be improved if designers consult users in a way that they can understand.

Materials needed: Clear floor space, large (newspaper size) plain paper and marker pens (different colours if available); cushion/ pillow. *Optional:* other materials to simulate impairments (see step 5 below).

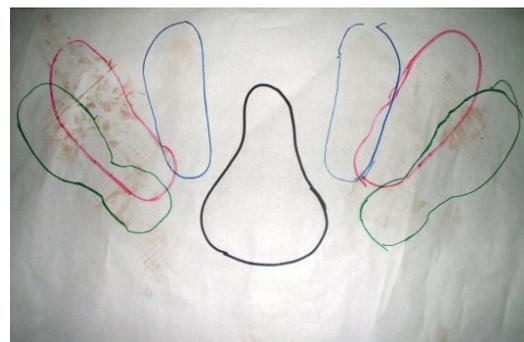
Time needed: 30-60 minutes.



Activity

The activity can be carried out with a group of any number of people.

1. Place a large sheet of plain paper on the floor, preferably on a smooth hard surface. Draw a keyhole shaped 'toilet hole' in the centre. Ask the question: "How do we decide where to put the footplates?"
2. Invite a volunteer to squat over the hole. (If the group seem reluctant, the facilitator can squat first, to make people feel relaxed.)
3. Ask a second volunteer to draw round each foot of the 'squatter' with a pen (use a different colour for each 'squatter'). To emphasise the differences, try to invite volunteers of different shapes and sizes, e.g. the tallest/largest participant, followed by the smallest, the fattest and so on.



Participants draw around each others' feet.

Hint: Squatting is a sensitive issue. Participants may prefer do this activity in single sex groups, with discussion in a mixed group afterwards.

Remember - volunteers only. DO NOT pick on people as it can make them feel uncomfortable.

Keep the atmosphere light-hearted. The facilitator can 'play-act' surprised and puzzled that the solution is not simple.

You should already see a difference in where the feet are placed. Hold up the paper and

ask: "Is it clear yet where to put the footplates?"

Identify another (preferably male) volunteer. But just before he squats, tie a large heavy cushion or pillow to his stomach, or insert it up his shirt to 'make him pregnant'. This is likely to make it more difficult to squat. (Note: choose a participant who is not shy or easily embarrassed!)

4. When participants experience difficulty, ask what would help them. Look for objects lying around to bring for them to hold onto, e.g. two bricks, or a stick to provide a pole for support.
5. Next, introduce different impairments: For example, strap cardboard on a participant's leg to make it rigid, and give them a stick for support. (To avoid injury, ask other participants to stand either side to support the person if he/she needs it.)

6. Blindfold the next participant and give them a stick to feel their way. Ask the participant and onlookers what would help them locate their position better.



HSA participant simulating a visual impairment (Photo: Sian White, LSHTM)

Discussion

- Does one size fit all?
- How can designers find out what different people need?
- What about other aspects of the latrine, e.g. space needed, need for something to hold onto, raising footrests for visually impaired people... ?
- Are there other issues to consider, e.g. privacy/ ease of cleaning/ convenience/ safety/ hand washing/ anal cleansing?



Elderly participant squatting (Photo: Plan Malawi)

Types of participants

This exercise can be carried out with participants from all backgrounds. The wider the range of participants, the richer the discussion.

Simulating (pretending) impairments

- **For awareness-raising/training**

Many participants may never have experienced or given a thought to the difficulties of squatting. It can be an 'eye-opener' for them to experience, even for only 5 minutes, the difficulties of a pregnant woman, or a physical impairment. This can be powerful in changing attitudes.

- **For community mobilisation or planning**

But... There is no substitute for directly involving the most marginalised users. This can be empowering for a disabled person who may never have been consulted or had an opportunity to speak out before, and demonstrates the importance of valuing the experience and knowledge of each participant.



HSA simulating a physical impairment - shows the need for support to squat (Photo: Sian White, LSHTM)

Adapted from: Jones, H. (2012) Designing a Pit Latrine Slab - facilitator notes. WaterAid/ WEDC, Loughborough University: UK.

Adapted by Hazel Jones (2015)

H.E.Jones2@Lboro.ac.uk; ☎: +44 (0)1509 222885

