

# PLAN UGANDA

## Research on the Impact of Gender on Community Led Total Sanitation Processes



**ABRIDGED REPORT**

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## 1.0 Introduction

A study sponsored by Plan Uganda in the districts of Luwero and Tororo to “Investigate gender relations, how they influence the Open Defecation Free (ODF) attainment processes and its sustainability as well as other socio-cultural factors that impact on ODF attainment and their implications to ODF sustainability,” has established that both women and men have been fully involved in Community-Led Total Sanitation (CLTS) in Luwero and Tororo programme implementation processes.

At the same time, the study also found that CLTS processes inspired a shift in the gender division of labour related to sanitation and hygiene at household level. The enthusiasm to attain ODF status for healthier families encouraged men to take more interest in ensuring that children learned the behaviour required for the whole household to eliminate open defecation. Thus, men played a larger role in guiding their children, which, according to communities, was a result of CLTS. The study also established that the participation of women and men had increased cooperation and harmony at household level and, to some extent, contributed to reducing domestic violence.

Yet still, the study further revealed that children made significant contributions to the attainment and sustainability of ODF status. While most children were said to be active, adolescent girls were said to be most active, as they often encouraged their parents to install latrines in their households. The women, men and girls interviewed for the study acknowledged the importance of latrine use to protecting the dignity of women and girls. The study also found that some poorer members of the community did not possess enough land to build latrines, but other community members supported their access to latrines. Village Health Team (VHT) members were instrumental in ensuring that poorer households were able to access latrine facilities.

However, the study also established that gender issues were not systematically and consciously mainstreamed into CLTS processes. There was no evidence from the field that a gender analysis was undertaken at the beginning to establish the gender-related constraints to women’s involvement. There were no interventions for empowering women to harness the benefits of CLTS and build social capital that leads to empowerment. The benefits of CLTS to women as highlighted in this report were more related to meeting women’s practical needs for improved hygiene and better health for their families, but not to improving the social status of women in terms of being more recognised and valued for their contribution to the success of CLTS.

What comes through the study is that gender issues were not consciously addressed during the introduction and implementation of CLTS activities. Where gender was addressed, it was by default rather than by design. However, it is important to note that Plan’s approaches emphasize the participation and involvement of women and this, to a large extent, contributed the greater numbers of women participating in CLTS processes in both areas. A more conscious and systematic way of integrating gender equality and women’s empowerment processes would yield better results.

With regard to the involvement of children, the needs of girls in the school environment do not seem to have been assessed adequately. For instance, the research team did not hear how girls specifically had been supported to access sanitation. The schools’ campaigns against open defecation were largely gender-neutral and addressed the needs of children regardless of gender. Discussions with girls indicated a strong correlation between CLTS and their menstrual hygiene. Girls pointed out that the existence of separate latrines with hand-washing facilities for girls was important, especially during menstruation. Such facilities, they said, are even more necessary at home because, in some cases, such facilities never existed before the CLTS campaigns.

## 2.0 Study Objectives

The overall objective of the study was to “Investigate gender relations, how they influence the Open Defecation Free (ODF) attainment processes and its sustainability as well as other socio-cultural factors that impact on ODF attainment and their implications to ODF sustainability.” Specifically, the study aimed to establish how CLTS processes had facilitated the participation and inclusion of men, women, boys, girls and disadvantaged groups in decision-making processes. The study also looked at existing power relations within the communities and how they affected responses to CLTS facilitation and the potential for collective action towards ODF.

## 3.0 Investigation methods used

### 3.1 Coverage and target population of the study

The consultants targeted five parishes – two in Luwero district and three in Tororo district – where the Plan Uganda CLTS programme is implemented. They also targeted both ODF and non-ODF parishes in the areas of operation. They selected the study population through a purposive and objective sampling technique. The study population included heads of household, natural leaders, children, teachers, district health inspectors (DHIs), district community development officers (DCDOs), VHT members, health assistants, local leaders (sub-county and village levels), people living with HIV (PLHIVs) and persons with disabilities (PWDs).

### 3.2 Study design

The consultants combined document analysis and utilized quantitative and qualitative techniques of data collection. They held Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with women, men, boys and girls within the selected communities. The consultants ensured that disadvantaged groups such as PLHIVs, the PWDs, widows and single-parent households participated in the study. Although child-headed households were targeted, they were not found in the two locations of the study.

### 3.3 Sample design and sampling procedures

The consultants employed a two-stage sampling methodology following probability proportional sampling (PPS). The first stage entailed the selection of sub-counties and parishes. They selected parishes proportionally according to CLTS coverage. In Tororo, they selected two ODF parishes and one non-ODF parish, while in Luwero they selected one ODF parish and one non-ODF parish. From each village, they deliberately selected four households: a female-headed household, a male-headed household, a household headed by a PLHIV and a household headed by a PWD, respectively. They held two FGDs, one for females (girls/women) and the other for males (boys/men). They held a total of 22 FGDs (11 for females and 11 for males), including three FGDs for girls and three FGDs for boys.

The consultants interviewed a number of key informants in Luwero and Tororo. The number of key informants interviewed greatly exceeded the number targeted because more key informants had been mobilized in Tororo and had to be interviewed. KIIs included VHT members, natural leaders and teachers, district water officers, district health inspectors and health assistants at sub-county level. The researchers omitted transect walks from the study, as they were found to take a long time and were not very useful in shedding light on gender relations in CLTS. They undertook only one transect walk in Tororo.

### 3.4 Data collection

#### 3.4.1 Interviews and focus groups

The consultants held two kinds of interviews: household interviews and KIIs. For each kind of interview, they administered an interview schedule. For the household interviews, heads of households, including adult women and men, were given questionnaires. The consultants also interviewed households headed by widows/single women, PLHIVs and PWDs. Key informants included government staff working on sanitation-related issues,

health assistants, VHT members, natural leaders, teachers and stakeholders. Focus group discussions were held for both women and men and for children – girls and boys of ages 11 – 18. An FGD guide was used. PLHIV and PWD participated in the focus groups.

### **3.4.2 Quality assurance**

The consultants maintained high quality assurance of the study by recruiting and training competent and experienced research assistants. Both consultants were in the field to support the data collection exercise, carry out interviews with households and key informants and participate in FGDs as facilitators.

### **3.4.3 Data management and analysis**

The consultants entered data from the household and key informant interviews using SPSS 17.0, an SPSS family module that tracks and triggers quality control designs in the SPSS builder, to ensure that clean data files were produced. The data manager maintained a database to maintain all collected data. The consultants also manually analyzed data from focus groups by coding it, and arranging it by themes for interpretation.

## **4.0 Findings**

### **4.1 Participation, inclusion and decision-making**

The consultants found out that women and men were involved in all CLTS activities, ranging from pre-triggering (mobilization), triggering, to post-triggering (monitoring). Post-triggering, the third step in CLTS, is commonly referred to as CLTS monitoring. During CLTS monitoring, the natural leaders who emerge during the triggering sessions and other community members routinely assess and evaluate the number of new latrines that have been constructed within their communities. They conduct this monitoring and evaluation together with stakeholders and partners, especially those who conducted the triggering session.

Approximately 39.5% of the respondents participated in pre-triggering, triggering and post-triggering CLTS activities. There was no significant difference in terms of the level of participation of men and women in CLTS processes – 51.2% were male and 48.8% were female. Women's roles in relation to sanitation at household level mainly included cleaning latrines; ensuring the availability of hand-washing facilities and the cleanliness of water containers; teaching children how to use the latrine; removing faeces of children and any other persons in the households unable to use the latrine and ensuring that there are anal cleansing materials in the latrine. In Tororo, women mentioned that they also helped men dig pit latrines by removing the soil.

The disadvantaged individuals met during the study were enthusiastic about CLTS activities. The research team learnt that regardless of the level of incapacitation of these particular individuals, some of them were able to have sanitation facilities installed within their homes. However, powerlessness and poverty among disadvantaged groups limited their participation. The experience of the marginalised suggested the need to innovatively develop a strategy to include them in collective action, rather than expecting relatives and other able-bodied neighbours and sympathisers to install sanitation facilities for them. Their situation also demonstrated how this assistance from well-wishers could hamper the spirit of collective action that should naturally emerge out of CLTS.

### **4.2 Participation of children in the CLTS process**

FGDs with children revealed that they were enthusiastic in motivational activities such as fetching water, helping their parents to construct latrines, refilling tippy taps, removing their younger siblings' faeces from the compound and dropping the faeces in the latrines. In several instances, children mentioned that they compelled their parents to have sanitation facilities, especially latrines, constructed at home.

In a women's FGD in Luwero, a participant mentioned that her primary school aged son made the decision to dig a shallow pit for his younger siblings to use. He laid small logs on the pit and made a temporary structure that looked like a small hut. Actually, 65.1% of the participants reported that children had taken part in the CLTS processes in their communities.

Children acknowledged that they had actively participated in CLTS activities in their schools, noting that they commemorated school sanitation days during which they performed drama about the consequences of open defecation and the benefits of hand-washing. They also disseminated information on CLTS in their villages.

Plan Uganda made an effort to use members of the school health clubs to sensitize communities through drama and songs. The study also revealed that participation in CLTS processes at village level was enhanced and facilitated through innovative actions like drama and folk songs, especially by women and children.

### **4.3 Participation of women and men in CLTS activities**

More women participated in CLTS activities than did men (women: 99, men: 78), which indicates that women were part and parcel of the processes and understood the negative effects of OD and the benefits of ODF status. Women met in FGDs and demonstrated in interviews that they knew about the harmful consequences of OD and the necessity of their communities to work towards the attainment and sustainability of ODF status.

The ratio of women to men VHT members varied from parish to parish. There was a total of 284 VHT members in the two Luwero and Tororo, of which 110 (38.7%) were female and 174 (61.3%) male.

FGDs revealed that female VHT members divided themselves into smaller groups and moved from household to household sensitising people about the need for ODF communities. In Tororo, moreover, VHT members were respected and referred to as 'village doctors' because of their commitment and hard work,. On the other hand, in the non-ODF parish in Luwero, community members blamed the slow move towards ODF on the laxity of VHT members.

### **4.4.0 Household members attending CLTS triggering meeting**

The findings showed that 27.9% of men and 23.3% of women attended most of the triggering meetings.

### **4.4.1 Number of female and male facilitators of the CLTS process**

About 42.9% of participants reported the number of female facilitators of the CLTS process was one-three and 45.2% reported the number of male facilitators as being four-six. The participation of both sexes in facilitating CLTS enhanced the contribution of sanitation improvement ideas. Women especially tended to speak up more when they observed other women leading facilitating processes.

### **4.4.2 Consultation of women and children about CLTS activities**

Additionally, 76.9% of the participants reported women and girls in the household were consulted about the actions to be undertaken by the household after the trigger meeting. Information from FGDs also corroborated this. In all women, men and children's FGDs, it was acknowledged that women and children were consulted about CLTS activities. Some women emphasized that by virtue of the fact that they were present in triggering meetings and took part in making decisions on actions to be taken against OD, there was no need to consult them since they were already involved from the beginning of the processes.

## **4.5 Gender and Power Relations in CLTS**

The study on CLTS in Tororo and Luwero districts established that women have been fully involved both in decision-making and the implementation of CLTS activities at household and community levels. Both women and men know about the importance and benefits of attaining ODF in their communities.

Women considered themselves to be key leaders in CLTS and ensuring ODF. Women were particularly keen about working towards ODF status in their communities because of the benefits it had on the health of their family members. In the ODF parishes, women affirmed that they and their children no longer suffered from diarrhoeal diseases and saved the money which would have been used for treatment to improve livelihoods and education. These benefits inspired both women and men to take keen interest in attaining and sustaining ODF.

Women recognised the relationship between CLTS and improved mutual relationships at family level. In some FGD discussions and household interviews, female respondents mentioned that working towards ODF communities had encouraged both women and men to work together and to discuss what needed to be done at household level. Some women relayed that participation in CLTS activities contributed to the reduction of domestic violence.

However, a few men in FGDs and household interviews stated that some women were lazy and undisciplined, which indicates that some of men view women as their subordinates. Men considered themselves as the providers of resources needed for sanitation at household level. Women also looked to men to provide the funding for materials needed for sanitation. In female-headed households, however, women were the providers of such materials.

Latrine construction was presumed to be the initiative of the man heading a household, though the study found that women equally participated in having the latrine in place alongside men. Some women mentioned that even when women were the providers, they attributed financial provision to men because women did not want to appear to be usurping the responsibilities of men or disrespecting them. Moreover, some of the men who were keen on CLTS saw themselves as role models for their children.

The challenges that remained included the difficulties in accessing water, especially in Luwero, where there are limited water sources. Plus, household members, especially women and children, have to walk long distances to access water. Women-headed households are particularly disadvantaged as they may not have any quicker means of carrying water, like bicycles, which by tradition and practice in the central region are owned by men.

Although the participation of women in CLTS processes in both Tororo and Luwero was widespread, it was more related to their needs for healthier families which would lead to saving money and time. In fact, women spent more time within the household as men moved to look for money or any other forms of livelihoods to sustain the family. Hence, women were more affected by poor sanitation standards because they were expected to clean and maintain the facilities.

Women's active participation responded to meeting their practical gender needs. However, there was limited evidence to indicate that their participation greatly affected their social position and brought about greater empowerment. Hence, Plan Uganda's approach to addressing gender in CLTS targeted to ensure the involvement and participation of women rather than their empowerment. Other than instances where it was found necessary to trigger women and men separately, limited efforts, if any, were made to ensure that processes were put in place to empower women and address their interests. The design of CLTS processes is generic, largely gender-neutral and requires strategic interventions to make them more responsive to the needs of women and men, girls and boys. This research by Plan Uganda is a step in the right direction towards making CLTS more gender-sensitive.

#### **4.6 Opportunities for accessing sanitation, ownership and control of resources**

The CLTS programme has provided numerous opportunities for community members to access sanitation. Their involvement in the activities has inspired commitment to maintaining cleanliness of sanitation facilities and the home and personal hygiene. It has also stimulated motivation for participation in other initiatives that have been beneficial to the communities and individual households.

Moreover, 55.8% of the participants reported that other initiatives started in the community because of Plan Uganda's CLTS project, including agricultural production, tree planting, casual labour, making handicrafts, and participation in SACCOs.

##### **4.6.1 Improved skills for sanitation and hygiene**

Communities have also acquired skills to improve construction methods. For instance, they were able to put a foot rest on the floor which makes it easier to use the latrine.

On the other hand, women affirmed that previously they were not very keen on maintaining cleanliness in the home. The women's groups in Tororo and Luwero mentioned that participation in CLTS rekindled their interest in improving cleanliness. Children have also learnt how to maintain good sanitation and hygiene. Involvement in CLTS has also encouraged maintenance of good personal hygiene. In Tororo, women mentioned that they had learnt to bathe more often and they no longer had scabies and lice.

#### **4.6.2 Increased production**

Attainment of ODF status has encouraged other initiatives. Having a clean environment has encouraged increased growing of vegetables, for example. In Tororo, women mentioned that because they knew that their vegetables would be clean, they were able to grow more to improve family diet and sell the extra produce in order to boost household income. Maintaining rubbish pits has encouraged some to make compost manure to increase the fertility of the soil, thus increasing agricultural production, albeit on a small scale.

#### **4.6.3 Improved social relationships**

Improved relationships at community level were highlighted as one of the benefits of CLTS. In the FGDs, both men and women mentioned that working together had created good social networks and people were able to pay courtesy visits to their neighbours and other community members.

#### **4.6.4 Socio-cultural barriers to achieving and sustaining ODF status**

The study has established that there are no major socio-cultural barriers to achieving and sustaining ODF status. Community members – both women and men – mentioned that cultural barriers that existed among some communities have been overcome through sensitisation.

#### **4.6.5 Women's heavy workload**

Women's heavy workload was mentioned as one of the challenges to attaining and sustaining ODF status. In both Tororo and Luwero, both men and women FGDs mentioned that women were overburdened with reproductive and productive tasks which left them with limited time to take care of sanitation.

#### **4.6.6 Lack of sufficient water**

In Luwero, the lack of water was evident. In every interview or FGD, participants mentioned that water sources were very far. Therefore, women and children spent a lot of time walking to fetch water. During the FGDs with boys in Kigugu village in Luwero, women asked to be supported with water facilities, such as boreholes. They said that water sources were very far from their homes and the research team observed women and children walking about 2.5 kilometers to access safe water.

## **5.0 Discussions, Conclusions and Recommendations**

### **5.1 Discussions and Conclusions**

#### **5.1.1 Gender-related contributing factors to the attainment and sustenance of ODF status**

The presence of strong natural leaders who led the process from within communities and played active roles in mobilizing and monitoring ODF status was seen as a key element in attaining ODF communities. Natural leaders were self-motivated and committed to ensure ODF sustainability. They led by example by making their own households ODF and helping other members of the community appreciate the benefits of and work towards ODF villages. While both women and men came up as natural leaders, the research has established that women had a special interest in the elimination of OD and emerged as key natural leaders against OD at household and community level.

### 5.1.2 Challenges to sustenance of ODF status

The main challenges to achieving and sustaining ODF status varied by community. Some household heads were living with disability and could not fully participate in CLTS activities to achieve ODF status. They also mentioned that some children in the community continued to defecate in the open which contributed to the non-ODF status in some of the villages. In Tororo, most of the FGDs mentioned that during heavy rains, latrines collapsed and it was hard to erect new latrines as the soils were loose. Other challenges mentioned included negligence of some men who were not committed to ODF; termites which destroyed structures; inadequate sensitization and lack of cooperation by community members. Insufficient sources of water, especially in Luwero, was said to be a major challenge for the maintenance of sanitation facilities and good hygiene.

Another common concern identified was the absence of strong monitoring mechanisms in communities that had been declared ODF. Appropriate documentation of processes was limited. Data relating to the socio-economic characteristics of communities did not appear to have been utilized to inform improvements in CLTS processes.

### 5.1.3 Tororo and Luwero CLTS processes compared

There were a number of disparities between Tororo and Luwero programme areas with regard to CLTS processes. It was noted that the level of commitment to ODF communities was more pronounced in Tororo than Luwero, perhaps due to the insurgency that prevailed in Luwero between 1981 to 1986. However, it is important to add that in the ODF parish visited in Luwero, the level of enthusiasm was equally high. Tororo District Local Government also had taken CLTS seriously and adopted and applied the approach to other parishes outside Plan Uganda's coverage.

## 5.2 Recommendations

- (i) Gender awareness sessions should be held for VHT members and natural leaders so they can appreciate gender relations and the relevance of gender equality considerations in CLTS processes. Gender dialogues should also be organized at community level to raise the level of gender awareness among community members. During the training, VHT members should be facilitated to package messages that they would use in sensitizing community members about gender equality.
- (ii) Plan staff and community facilitators of CLTS processes should be trained in gender analysis in relation to sanitation and hygiene to equip them with requisite gender sensitivity and skills to animate gender equality dialogues with communities. During the training, the participants would develop an action plan for mainstreaming gender in CLTS process to build on and operationalise the proposed strategies provided in the next section.
- (iii) The research team recommends that gender discussions should be introduced to learners and teachers in schools to build the foundation for the appreciation of gender equality.
- (iv) Natural leaders should initiate a discussion on how the whole community can assist these households. Plan Uganda should work with VHT members and natural leaders to encourage communities to initiate dialogues on how to support the poorer members and disadvantaged groups to access and maintain latrine facilities in order for these communities to sustain ODF status.
- (v) Plan Uganda should encourage communities to reflect on the existing structures and arrangements for sustaining ODF and moving up the sanitation ladder. Communities could also explore whether it is necessary to reactivate sanitation committees in each village and what needs to be done to support the role of VHTs to continue to provide leadership on sanitation.
- (vi) Authorities of these public places and communities living in these places should be triggered for involvement in CLTS processes and have discussions about putting public latrines in place. The cost of these could be provided within their budgets or local contributions with community members providing the labour for sinking and constructing the latrines.

- (vii) Children's groups should be formed to monitor sanitation progress within villages, parishes and their respective schools.
- (viii) Selected communities, especially those that have not attained the ODF status, should visit ODF communities that have involved women, men and children in their interventions and have sustained ODF status for at least six months. Then, visiting members of the communities could learn from their counterparts how to promote gender-responsive CLTS. An exposure visit for selected community members of non-ODF villages from Luwero to ODF parishes in Tororo would be beneficial.

### **5.2.1 Proposed strategies for mainstreaming gender into CLTS**

- i. Ensure gender equality and equal participation and provide advice to the technical team and other staff on how to make effective use of women's knowledge and wisdom in providing sustainable sanitation
- ii. Organize community sensitization on the meaning and importance of gender equality and encourage communities themselves to decide what they can do to change the status quo and promote equality between women and men. Facilitating communities to identify their own gender issues and suggest solutions prevents communities from looking at gender equality as an imposition from Plan.
- iii. Ensure that women are effectively influencing CLTS processes and that their voices are heard. Involve women, girls, boys and men in discussions on CLTS, personal hygiene habits, general health and the needs and interests of children.
- iv. Involve representatives from different parts of the community, i.e. women and men, girls and boys and natural leaders, in the monitoring of ODF status and encourage movement to higher levels of the sanitation ladder.
- v. Encourage community leaders to always consider women's and girls' dignity in all sanitation and hygiene interventions, and encourage these leaders to discuss culturally appropriate strategies to enhance the dignity of women and girls.