

# Equity and inclusion: East and Southern Africa region

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## The hunter-gathering approach

Hunter-gathering is a process of rapidly collecting and collating information, experiences and contributions. In a workshop setting, hunter-gatherers self-select a topic they are most interested in championing and work together in groups to produce a short report (2-6 pages) by the end of the workshop – groups and topics are decided upon on the first day. Each day, dedicated time is given for people to collect relevant information from one another. Over the course of the session the groups self-organise collecting contributions and feeding into other topics. Participants are asked to collect information informally through breaks and mealtimes. They may also like to use the opportunity in plenary sessions to take notes on their particular topic and ask questions to presenters that could help them with their reports. Outputs are action-orientated, with groups asked to reflect on what should be done moving forward and recommendations for policy and practice.

The notes produced are not meant to be polished or exhaustive, and they are not peer reviewed. They are rapid explorations into priority topics, which are written and disseminated quickly in the hope that they will trigger further conversations, debate and interest. As such, they are not for citation.

***This methodology is very much a work-in-progress. Comments and suggestions to strengthen and develop the hunter-gatherer process and method, as well as the content and structure of the notes would be very welcome. Or if you wish to do a rapid exploration into a topic that interests you, please contact us: [clts@ids.ac.uk](mailto:clts@ids.ac.uk)***

## 1. Description of issues/challenges

CLTS promotes community-wide improvements in access to sanitation through self-help and collective action. However, the most vulnerable individuals in a community (the elderly, the physically challenged, the chronically ill, the poorest of the poor, female-headed households, mentally ill individuals, and marginalised groups) face the risk of not benefiting equally from these improvements because:

- They may be left out of community engagement meetings;
- They may not be able to use the toilet facilities that are built;
- They may not be able to dig a pit and build a latrine by themselves, let alone purchase durable construction materials to go up the sanitation ladder.



## 2. Current solutions (including country/ organisation)

We listed examples of inclusive approaches in four categories: a) appropriate technologies for the physically challenged; b) inclusive CLTS facilitation; c) internal support to the vulnerable; and d) external support to the vulnerable (although this last category had fewer examples).

### a) Facilities accessible to all / appropriate technologies

- Kenya (Plan and KSHIP) and Tanzania (SNV): Artisans are trained to build facilities accessible to the elderly and disabled, i.e. with a seat.
- Kenya (Narok county): Handwashing facilities that can be activated with the elbow (instead of the foot) were designed.
- Tanzania (UNICEF and WaterAid): In line with national guidelines, all toilets in health facilities and schools are built to be accessible to disabled persons (hand rails, lamp).

### b) Inclusive CLTS facilitation

- Kenya (KSHIP): During triggering, facilitators bring and demonstrate several vulnerable-friendly technologies (seat with hole, rope above the toilet for the elderly, etc.).
- Kenya (KSHIP): The vulnerable (elderly with physical problems, the visually impaired, the physically challenged, the chronically ill and the mentally disabled) are identified during village mapping and then these households are specifically targeted during follow-ups.
- Kenya (KSHIP): During orientation of local government, NGOs, and natural leaders 1) vulnerable beneficiaries from priority communities give testimonies on how they benefited from inclusive CLTS implementation, and 2) medical experts are invited to give advice on appropriate technologies for specific disabilities.
- Malawi (Plan, Australian Aid Project): “Dialogue circles” are held 1-2 weeks after triggering, as part of the follow-up process. Each “circle” has 20 participants, including 1 chief/opinion leader and 10 vulnerable people (physically-challenged, blind, pregnant women). The dialogue starts with a squatting exercise, so that the 10 non-vulnerable participants realise how difficult squatting can be for some of their community members. Then communities are encouraged to come up with inclusive solutions: ropes for the blind, raised seat, wide-door opening. This approach is now being scaled-up with WASNET.

### c) Internal support

- In most CLTS programmes, facilitators promote solidarity during the triggering event and community engagement sessions, and encourage “able” community members (e.g. the youth) to help the most vulnerable households (typically female-headed households and people with disabilities) digging their pits and building their latrines (Tanzania, Kenya, Eritrea, Ethiopia, Zambia, Uganda, Malawi).
- To facilitate such solidarity:
  - Plan Kenya uses follow-up visits to identify the poorest/most vulnerable households who are not able to build latrines by themselves, and designates specific dates for other community members to help them.
  - SNV Zambia identifies female-headed households/disabled people and reaches out to their relatives to request help.
  - SNV Ethiopia engages the “1:30 networks” to build latrines for the disabled, the elderly, and female-headed households if they can’t build these themselves.
  - In Ethiopia (Wagimra zone) communities are encouraged to build communal toilets for the poorest, women-headed, and vulnerable households (and those who do not have close relatives to help them construct latrines).
- It is important to note that despite encouraging intra-community solidarity, many programmes (e.g. in Uganda and Tanzania) do not identify vulnerable households and therefore do not specifically follow-up on them.

### d) External support (NGO or government)

- In Ethiopia (SNV) toilets with a seat are distributed to disabled people.
- In Malawi an NGO is building latrines for the blind.
- In Ethiopia (GIZ) wants to pilot a partial (potentially targeted) subsidy of Arbor-loos in farming and pastoralist communities.

- In Uganda (Arua district) the sub-county is piloting in two villages, a partial cement subsidy to help households build SanPlats (concrete slabs). At the moment, these subsidies are not targeted.

### 3. Emerging questions

We identified four emerging questions:

- Is external support needed to go up the ladder?
  - The “no-subsidy” dogma is far from being widely challenged; however, some participants voiced interest in targeted subsidies as a way to bring everyone up the ladder.
- If targeted subsidies are to be used, how can the targeting be done effectively? Not everyone everywhere needs support. Three approaches (or a combination thereof) can be considered for targeting:
  - Community identification (community members can self-identify their members who are the most in need; inclusion/exclusion criteria can be provided by facilitators as guidance).
  - Wealth scoring (each household is given a wealth score based on assets and vulnerability factors; only households below a certain threshold score are selected).
  - National poverty identification systems (several countries already have welfare programs with a method to identify the poorest of the poor, e.g., Tanzania TASAF, Zambia, Burundi).
- Can targeted subsidies be introduced without jeopardising community mobilisation and creating a dependency syndrome? Subsidies are still widely seen as a form of “contamination” and many are concerned that they will make the entire CLTS process fail. However, there may be a way to implement “smart” targeted subsidies, by giving close consideration to the following aspects:
  - Subsidy timing: the subsidy can be disclosed and implemented later in the CLTS process, e.g. at ODE, so as not to interfere with the triggering process.
  - Subsidy type: output-based subsidies such as partial vouchers and rebates are likely better options than direct cash transfers or materials donations.
  - Subsidy amount: the amount should be adapted to the target group, but generally partial subsidies can be enough.
- What institutional setups can mobilise resources and provide advocacy to bring innovations for equity and inclusion to scale?

### 4. Recommendations

#### Monitor for vulnerability

- We need to collect evidence on vulnerable groups through monitoring. This is key to i) identify the groups that risk being left behind and ii) advocate for innovations (including financial) to reach these groups.
  - Duplicate or scale-up disaggregated monitoring approaches (such as KSHIP Kenya or Waridi Tanzania) that collect information on gender, age, and vulnerability. In addition, include categories of disability (such as Kenya KSHIP): elderly, visually impaired, disabled, chronically ill, mentally ill, any marginalised group.
- To foster vulnerability-based monitoring, donors/programmes should set vulnerability-based targets (e.g., coverage of improved latrines amongst the poorest wealth quintile and the vulnerable should increase by x %).

#### Make CLTS facilitation more inclusive

- Broaden our definition of “vulnerable” to include all marginalised groups (include: mentally-ill, drug addicts, ethnic groups).
- Work with associations and caretakers of people with disabilities to get input on how best to engage them.
- Identify all vulnerable individuals in a community and make sure that they attend triggering events and community engagement sessions.
- Train CLTS facilitators to adopt inclusive facilitation techniques and demonstrate vulnerable-friendly technologies (see examples above).
- Specifically target vulnerable/poor households in follow-up visits.
- Include equity and inclusion in programme budgets.

## Test and showcase

- The sector learns through empirical evidence and institutional triggerings. Therefore, it is important to disseminate innovative equity and inclusion approaches from other countries. For example:
  - “Dialogue circles” involving the vulnerable in Malawi;
  - Numerous examples of targeted subsidies in Asia;
  - Upcoming WASHPaLS experimental study on targeted subsidies in Ghana.

The following are opportunities to “test and showcase”:

- Work through decentralised government structures where possible:
  - Government systems are slow to adopt innovative approaches. However, in some countries (Uganda, Kenya), sub-county/county health offices are relatively independent in their sanitation activities and budgets and may have the freedom to experiment with innovations when needed.
- Identify countries where national policies are open to targeted financial support for the most vulnerable e.g. Uganda and Malawi.
- Consider leveraging existing national welfare programmes:
  - Tanzania: the TASAF program targets the poorest of the poor with financial support for food and health care. Challenge: although there are eligibility criteria, the identification starts with community leaders referencing households and there are opportunities for nepotism.
  - Zambia: has a social cash transfer system for the poorest (elderly, female- and children-headed households, disabled) that could potentially be leveraged for sanitation.

## 5. Resources

- *Frontiers of CLTS* #3: [Disability: making CLTS fully inclusive](#)
- *Frontiers of CLTS* #10: [Equality and non-discrimination \(EQND\) in sanitation programs at scale \(part 1\)](#)
- Learning Paper: [Supporting the Poorest and Most Vulnerable in CLTS programmes](#)
- Report: [Scoping and Diagnosis of the Global Sanitation Fund's Approach to EQND](#)
- KSHIP Kenya: Guidelines on Equity and Inclusion (to come in 2018)
- Plan Malawi: Guidelines on Dialogue Circles (upon request)
- WEDC paper by Sue Cavill and colleagues: Understanding, respecting and including people with mental health conditions as part of the CLTS process (upon request)
- Journal paper in *Waterlines*: [Taking Stock: Incompetent at incontinence – why are we ignoring the needs of incontinence sufferers?](#)
- [Tanzania national guidelines on School WASH](#)
- Tanzania national guidelines on WASH in Health Facilities (upon request)
- WASHPaLS upcoming research study on targeted subsidies in Ghana (upon request)