Report on the 36th WEDC International Conference

Delivering Water, Sanitation and Hygiene Services in an Uncertain Environment

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INTRODUCTION

The conference

WEDC Conferences are considered valuable platforms for reflection, debate and exchange for the WASH (water, sanitation and hygiene) sector, aiming at sharing knowledge rooted in practice and developing capacity that is appropriate to local contexts and international good practice. The 36th WEDC International Conference "Delivering Water, Sanitation and Hygiene Services in an Uncertain Environment" took place in the city of Nakuru, Kenya, between the 1st and the 5th of July 2013. Co-hosted by the Egerton University in Kenya and with the support of Practical Action, the 36th Conference had a high number of participants from different parts of the world. During the first three days, several papers were presented and discussed in the plenary and parallel sessions, as well as in various side-events. The last two days included several activities such as a careers compass event and capacity development workshops, including field-based learning opportunities in and around Nakuru (more details here). All papers presented will be available in WEDC's online open access repository.

The report

This report, commissioned by the CLTS Knowledge Hub at the Institute of Development Studies, aims at summarising the main insights gained from the attendance of the conference. Due to the thematic specialisation of the CLTS Hub and of the author (a PhD researcher on CLTS), most of these insights focus on sanitation or specifically CLTS-related issues. I try not only to synthesise the main contributions of the conference participants, but also to build on them with my own personal reflections. The report is complemented with the blog posts I wrote during the conference, which are available at the CLTS blog. Some of the themes covered in the blog are picked up and developed here. However, others addressed in the blog such as food hygiene, monitoring handwashing and the HIV/AIDS-sanitation link (see post about the first conference day) or the challenges of CLTS in Kenya related to verification and political commitment (see post about the third conference day) are not included here, primarily because they have been sufficiently covered in the blog… or in other words, because I do not have enough experience or expertise to build on them further!

The report starts with a brief introduction and continues with a collection of insights about different themes presented at the conference, including Institutional Open Defecation, subsidisation, participatory design, learning, mutual help, India or menstrual hygiene. At the end I share some final thoughts and ideas.

INSIGHTS FROM THE CONFERENCE SESSIONS

Participatory design in rural Malawi

One of the presentations I found more interesting was the one by Ben Cole –UNICEF Malawi– about participatory design in sanitation in rural districts of Malawi. He has also written about it in the [CLTS blog](#) and in the website as a [one pager](#).

In the demand-led sanitation era, started in the 1990s, sanitation technology choice based on outside experts' views has been increasingly criticised. Instead, greater participation of users is sought in order to create appropriate sanitation technologies. In line with this, UNICEF Malawi applied participatory design methods to identify more appropriate and sustainable latrine technologies.

The districts of Salima, Mangochi and Nkhata Bay were selected based on the high rates of collapsing pits (50% one year after construction), which is related to the sandy soils present along the lakeshore of Malawi. In each district, a group-village (3-4 villages) was selected for the workshops, trying to choose those groups with a priori favourable conditions for sanitation innovation.

The methodology consisted of a 3-day participatory workshop at the group-village level, in order to co-design latrines more appropriate to sandy soils. The workshop participants included: the researcher, some district and villages government staff (linked to health or environment), around 20 construction specialists (local masons, carpenters and builders) and approximately 6 householders (generally women that had shown some commitment towards sanitation).

The overall idea was to use the collective knowledge and skills of local builders and villagers as the stepping stone. The first day of the workshop, initial knowledge was assessed, including existing designs in the area. It contributed to develop a common language between masons the different workshop participants. The second day was devoted to prototyping; trying to find designs that could combine the positive attributes of the different options identified. Finally, the third day was dedicated to calculating the cost of the prototypes created.

The exercises in the three areas led to relevant design outcomes, including corbelled flooring, trapezium bricks, wooden frames and the use of sandbags for lining. The pictures below –from Cole's paper– show the design and prototypes of some of these innovations.
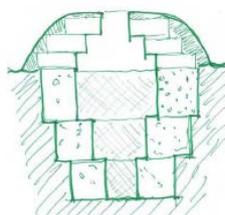

Figure 1: Sketch of corbelled design

Photograph 1: Top view of prototype of corbelled design

Photograph 2: Wooden frame (nkhokwe) is constructed using local reeds woven with rubber threads taken from tyres

Photograph 3: Wooden frame (nkhokwe) is wrapped in plastic and reinforced with sand-bags

Apart from the design outcomes, there were very relevant methodological findings, too:

- The 'hangover' of subsidised sanitation programmes can severely affect this process. For instance, local construction specialist insisted in the need of subsidised cement, despite the opposition of the researcher and government staff, which were against hardware subsidies and considered cement too expensive and thus unaffordable for the majority of households.

The workshop was seen as a constructive platform to discuss these issues and reach a consensus, but it should be done at the beginning of the workshop, not during an advanced phase of the design.

- It is important to engage local leading thinkers and innovators in the process. Those who had attended CLTS triggering previously, were identified as potential innovators.
- The participation of the village chief in the design session can result in an apparent but sterile consensus.
- A subsequent review and refinement stage with input from structural engineers provided important recommendations, including the running of local trials to test the durability of the designs.
- Participatory design is more about diffusing existing indigenous knowledge than about coming up with a revolutionary design!
- The participatory design sessions were recognised by the government staff as an ideal CLTS follow-up activity

As said, I found this work very thought-provoking; participatory design sessions are definitely a very inspiring innovation that could be applied to CLTS. The CLTS approach aligns with the criticisms to outsider-led sanitation technologies cited at the beginning of this subsection and strongly calls for avoiding the prescription of latrine designs. Instead, local creativity is to be encouraged. However, no clear and effective way of doing this has been put forward so far, and technical issues are commonly reported in many countries as one reason for reversion to open defecation. As a consequence, I feel that innovations such as the participatory design sessions are to be encouraged and followed up, looking at the potential to integrate them in the CLTS methodology. Key issues will be the timing (probably best during post-triggering) and the geographical intensity (one workshop per district or per area with common geographical conditions or …).

CLTS in communities with previous subsidised programmes in Nigeria

Kitchinme Bawa from WaterAid Nigeria presented a paper about the difficulties of introducing CLTS, where there were prior subsidised sanitation programmes.

CLTS was introduced in Nigeria in 2005 and has been implemented in 31 of its 36 states. However, there have been many challenges and access to sanitation is only 31% nowadays. The factors hindering ODF attainment include lack of consideration for social and cultural diversity, quality of facilitation, poor follow-up, intra-community conflict, large settlements, terrain issues, technology and latrine quality and communities exposed to subsidy-driven sanitation programmes. The latter factor, very common in Nigeria, leads to communities having high expectations of external interventions and hand outs. The paper presented in the conference dealt with WaterAid's innovation to tackle this. They designed specific tools (survey, interviews) to gather information about the sanitation history of the community, identifying past subsidised programmes and their approach and outcomes. The information was shared within the facilitation team and used for the planning of the triggering session. For instance, they tried to make the triggering in a venue close to unused slabs from previous programmes. Moreover, discussions about past experiences were introduced in the triggering process, at the time considered more adequate by the facilitator. Follow-up also focused initially on those having materials from previous programmes, as they would be

easier to reach. These innovations were observed to lead to more effective facilitation, as compared to those which remained ignorant of the sanitation history of the community.

I consider that these innovations are very relevant, both specifically and generally. On one hand, they provide useful tools for triggering in communities that are used to subsidisation. On the other hand, they remind us of the importance of understanding the communities as much as possible and try to adapt the CLTS process to the specificities of each area.

India: struggling to escape from supply-led sanitation

There were several presentations in the conference dealing with sanitation in India. Though still too few, considering the sanitation deficit in the country, they trebled the presence of India in previous events such as the IRC Symposium in Addis Ababa. The themes varied, but one common thread I found was the challenges for making sanitation truly demand-led.

For instance, Brian Bell's presentation of his master thesis ([summarised in the blog](#)) comparing sanitation approaches in some areas of Haryana and Uttar Pradesh, looked at the role of subsidisation and awareness raising in achieving sanitation access and usage. In Uttar Pradesh, conventional awareness raising tools were used (e.g. posters) and latrine construction was subsidy-driven, leading to very poor progress. In Haryana CLTS triggering tools were employed but latrine construction remained subsidised, contravening one of the main principles of CLTS. This resulted in a slightly more behaviour-centred campaign and better outcomes, as compared to Uttar Pradesh, but still far from achieving widespread ODF Gram Panchayats and with several problems such as misuse of funds and exclusion of the poorest. Only exceptional Gram Panchayats –for instance due to a very committed leadership– achieved ODF. In one of these cases, there was subsidisation, too, but based on the local perception of poverty instead of on the official –and unreliable– poverty classification.

Another presentation by Pravin Santosh More, from UNICEF India, showed the experience in the state of Odisha, where UNICEF and the state government are trying to find a way of combining Community Approaches to Total Sanitation with the inevitable presence of household level incentives. In this specific case, Community Approaches to Total Sanitation is an umbrella for CLTS and for sanitation promotion led by women's Self Help Groups. Regarding the incentive, the state policy has been changed and now 40% of the amount is intended to be disbursed once ODF status is achieved (i.e. when everybody covers their shit with ash or soil), 40% after ongoing construction and usage and 20% after sustained collective behaviour change. Despite this policy change, the process of implementation remains slow and faces many difficulties, and by now only in a handful of communities the campaign has followed this phased structure.

From my point of view, the 'new policy' in Odisha is not that new, if we take into account that the Total Sanitation Campaign considered only post-construction incentives. It is true that Odisha's policy focuses on the collective instead of the households for determining when the household incentive is disbursed, but the phased disbursement strategy does not make much difference but introduces more bureaucracy instead. And at the end, in the TSC incentive was disbursed always as an upfront subsidy due to different interests and inertias of the actors involved. Much more than a mere policy change would be needed to tackle these, principally a strong political leadership for sanitation. This being absent in Odisha, it is very likely that these interests and inertias remain unchanged and that

the incentive keeps being disbursed upfront, derailing the efforts of moving towards a demand-led collective behaviour change strategy.

The story of Odisha has some parallels with the ones presented by Bell, as far as both showcase the tensions between demand-driven programmes and the existence of incentive/subsidy. Both stories illustrate the difficulties of making sanitation truly demand-led in rural India, so that it becomes an insiders' agenda and the crisis is tackled from the bottom up. The heavily incentive-based (read subsidy-based) character of the country's sanitation campaigns –both the previous Total Sanitation Campaign and the present Nirmal Bharat Abhiyan– are the main hurdle for achieving it. Further impeding elements of the campaigns are the flawed monitoring system and the unreliable verification system. Some figures on the first are available in this past blog post and a related web resource. There was a presentation about the latter by Vinod Mishra in the conference, the essence of which is summarised in the Lunkenya Notes (page 36 onwards), too.

Menstrual hygiene: breaking the taboo?

Menstrual hygiene was very present throughout conference, with several related presentations (some synthesised in the blog) and a specific panel session. Being traditionally a blind spot in the WASH sector, this is good news and shows that the taboo is showing some fractures.

Menstruation-sensitive sanitation facilities can provide means and privacy for menstrual hygiene. This is important at the household level, but even more at the schools if we take into account the impacts on education. Data presented from a survey in an area of Uganda showed 46% of students reported lack of adequate facilities in their schools for menstrual hygiene management. Moreover, the share of adolescent girls missing school during periods was estimated in 28%. These figures are in line with data from India, from instance, where 23% of Indian girls drop out of school after reaching puberty.

In several countries such as South Africa or Kenya, national or sub-national governments are planning or starting programmes for distributing disposable sanitary pads, generally through the schools. However, there are fewer signs of planning for the management of the used pads, which could potentially end in the latrines in high numbers, causing blockages in the pans and pipes and contamination and increasing filling rates in the pits. An alternative –promoted by a local organisation in Kenya– would be to utilise reusable cloth pads that can be washed and used again.

Apart from facilities and pads, successful menstrual hygiene management programmes should also target mind sets, including an education and awareness raising dimension. WaterAid's publication 'Menstrual hygiene matters' is a recommendable and thorough resource for menstrual hygiene interventions.

Excerpt from Girls for Girls Manual – how to make a sanitary towel

Reflecting about implications for CLTS, I realised that there is some gender bias in the approach and menstruation is not taken into account explicitly. Obviously, having a latrine is a big advantage for managing menstrual hygiene. However, if menstruation-related needs were acknowledged, it might

result in more menstrual hygiene friendly facilities, in terms of location, ensuring privacy for changing or washing pads, etc.

Conversations about mutual help in CLTS

A semi-formal conversation at the CLTS stall also provided a very interesting exchange of ideas and experiences. One of the most fruitful discussion dealt with mutual help.

The challenge of reaching the least able was raised by several participants (as reflected in the blog post). How can we ensure that these people are not excluded from the sanitary revolution in their community? The collective perspective on sanitation (rich will eat the shit of the poor if the latter keep defecating openly) is a strong driver for mutual help. But in practice, it has been observed that this logic is not that straightforward and encouragement is generally needed. Some ideas on how to do so where shared.

A recent innovation introduced in the triggering process by Kamal Kar consists of broaching the issue after the ignition moment, when the community has made the decision to stop open defecation. The facilitator should then ask to the group which households are in a really difficult situation and thus won't be able to build their latrine on their own. Very poor families, old women or people with disabilities will probably come forward. Then, the facilitator should ask for volunteers for helping those in need, making a written list with the names of those needing help and those committing to assist them.

For this innovation to be really effective, however, it is important that the participants in the triggering process are a more or less representative sample of the community. Otherwise, when big sections of the community are absent, they may be overlooked in the moment of identifying the least able. But the inclusion of all sections of the community in the triggering and in the sanitation committee is crucial in general in the process towards ODF, as it ensures the truly collective character of the process.

Moreover, a pre-requisite for achieving inclusion is to have a clear picture about the social fabric of the community, for which enough information should be gathered during the pre-triggering. An alternative, inspired by an innovation from Ethiopia and transferable to where there is a school at the community, is to motivate pupils to bring as many family members and relatives as they can to the triggering session, applauding those most successful.

I believe that ensuring mutual help is crucial –due to its equity implications– and that more debate about this is needed within the CLTS community. Innovations should be shared and systematised, seeing what works where and why. There is also a need to clearly move from the income divide poor-rich to a more nuanced perspective of the aspects that may impede households building a latrine (disability, age, social position, vulnerabilities…).

CLTS innovations: learning mechanisms

In the CLTS side event, the different participants shared innovations they were introducing in their areas. I found the Reflection Meetings presented by SNV Kenya one of the most exciting ones.

These meetings were held regularly by those responsible of the CLTS programme in order to share the progress of the campaign and reorient it if needed. Specifically, the meetings aimed at:

- Seeing the bigger picture
- Reflecting about the data and taking action based on evidence
- Ensuring the campaign is not only about triggering, but also about achieving ODF status
- Refining and sharpening the monitoring tools

For instance, these meetings were used for analysing the numeric trends of the campaign in terms of number of villages triggered, number of ODF claims and number of follow-up visits (see image from the presentation made). This helped realise that a lot of villages had been triggered and follow-up was relatively intense, too, but ODF claims were very low. Digging further, it was identified that the problem was related to the poor quality of the follow-up activities. Triggering was then stopped in order to improve and focus on follow-up. Gradually, ODF claims started to pick up.
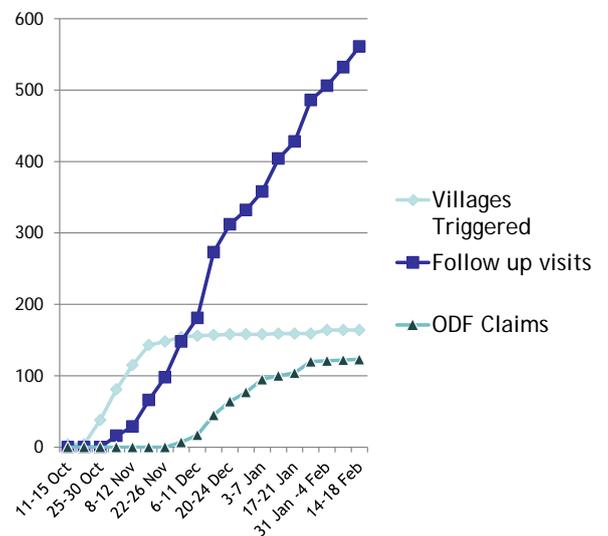
I liked this Reflection Meetings from SNV first because I think that learning is many times neglected in CLTS and second because they resonated with some evidences from my field research in India. For one thing, in Mandi district, Himachal Pradesh, there were regular meetings (weekly during the most intense phases of the campaign), involving high level authorities of the districts, where the difficulties faced in the sanitation campaign were shared. These meetings were instrumentally very valuable, making it possible to tackle the many emerging challenges any campaign (at scale) will face. For another thing, in Budni block in Madhya Pradesh, I could observe the need of a safe learning space for Master Trainers to meet and share their problems for triggering and how they were trying to tackle them.

As a whole, I think that reflection/learning mechanisms should be always embedded in sanitation programmes, whatever approach they follow. It is very important for these mechanisms to really promote a learning environment, where problems can be safely acknowledged and solved jointly. To this respect, it has to be borne in mind that a too strict focus on total outcomes (100% open-defecation free targets) can lead to over-reporting.

Institutional Open Defecation

Kamal Kar, keynote speaker in the opening day of the conference, mentioned a new concept in his speech: Institutional Open Defecation (IOD). It refers to something happening in many countries, where the main blockages to sanitation progress are to be found at the institutional level, as private or public institutions do not coordinate effectively or even compete with each other. He exemplified the idea with a picture where three latrines were to be seen in the same household plot; they had been consecutively built by three different organisations, which did not coordinate their sanitation projects with each other. A further example was India, the country which has spent most in sanitation in the past years but has 60% of the world's open defecators (figure that keeps growing).

In this case, corruption is a relevant component of IOD, too. From Kar's point of view, there were many countries where IOD was limiting the potential of CLTS to go to scale.

I found the concept of Institutional Open Defecation very appealing, because it is provocative and points at a hitherto neglected issue. Policy and institutions have been only vaguely addressed in CLTS (and sanitation in general) research and practice, limited to what has been termed as 'enabling environment' (subsidies, approach to behaviour change, responsibility of sanitation within the administration…). Instead, and based on my thesis research in India, I think that a more nuanced perspective on policy and institutions is needed in order to introduce CLTS effectively in a specific country or region. The actors involved in the sanitation sector and their networks need to be studied, along with the interests they have and the sanitation policy narratives they are supporting. The strategy for introducing CLTS should be tailored to the insights from this analysis.

FINAL THOUGHTS AND IDEAS

The conference was a very interesting space for exchange and learning. I also appreciated some innovations introduced in the format itself. For instance, there were not only 'standard' presentations, but also the so-called 'Espresso slots', 5 minutes presentations, that could be submitted up to some weeks prior to the conference and could address any burning issue, such as research proposals, preliminary results or recent publications. Moreover, the closing session was very enjoyable, with different conference participants sharing their conclusions, some of them in an exhilarating way. I also liked the messages conveyed by WEDC's Director Andy Cotton, such as the importance of avoiding a narrow technical focus in WASH or the risks of the 'value for money' tendency in the development sector. Finally, I appreciated the possibility of making field visits in or around Nakuru in the workshops, too.

As the previous subsections show, there were many appealing presentations, and valuable insights for sanitation and CLTS could be gathered. I summarise them here in the form of take-away messages:

- Participatory design workshops are a relevant innovation that should be further explored as a potential means to complement the perspective on technology in CLTS.
- If a community has a history of subsidised sanitation programmes, this should be addressed in the different stages of CLTS.
- India remains a challenging area for demand-led sanitation, due to the heavily subsidised national sanitation programme practice and the flawed monitoring system.
- Menstrual hygiene management is increasingly taken into account in the WASH sector, fortunately. The question of whether/how to integrate it in CLTS begs for exploration.
- Innovations for encouraging mutual help within a community –such as broaching the issue after ignition and ensuring inclusiveness of all in the process– should be developed and systematised.
- When using CLTS at scale, safe learning spaces and mechanisms are crucial for identifying emerging problems and solving them.
- Policy processes (and risks of Institutional Open Defecation) have to be taken into account in order to devise an effective strategy for introducing CLTS in a specific region.