

Frontiers of CLTS: Innovations and Insights



Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence

Sarah House and Sue Cavill, Independent Consultants

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CLTS Knowledge Hub at



**Institute of
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About the CLTS Knowledge Hub

IDS has been working in support of Community-Led Total Sanitation (CLTS) since its beginnings. CLTS has now become an international movement for which IDS is the recognised knowledge hub.

The Knowledge Hub is dedicated to understanding the on-the-ground realities of CLTS practice and to learn about, share and promote good practices, ideas and innovations that lead to sustainability and scale. We seek to keep the CLTS community well connected and informed and to provide space for reflection, continuous learning and knowledge exchange. We work in collaboration with practitioners, policy-makers, researchers and others working in the development, sanitation and related communities.

Ultimately, the Hub's overarching aim is to contribute to the dignity, health and wellbeing of children, women and men in the developing world who currently suffer the consequences of inadequate or no sanitation and poor hygiene.

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Front cover

A WOMAN MAKES HER WAY HOME WITH HER SON ON HER BACK, MOZAMBIQUE, JULY 2014.

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Consent has been given to take and use all the photos in this issue.

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A PRACTITIONER'S TOOLKIT

Making water, sanitation and hygiene safer through improved programming and services

Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence

A lack of access to a basic toilet in or near the home, inappropriate design or siting of facilities, or poor access to water supply can lead to women and children defecating in the open during the hours of darkness or having to walk long distances to collect water. Whilst these are not the root causes of violence, they can increase the users' vulnerabilities to violence, including harassment and sexual violence.

The increase in construction of household latrines through the CLTS process contributes to reducing vulnerabilities to violence related to sanitation by reducing the need for women and girls to have to defecate in the dark, in the open and away from the home.

However, whilst acknowledging these benefits, care also needs to be taken to ensure that CLTS methodologies are used sensitively, to ensure that vulnerabilities to violence are not inadvertently increased as a result of the processes. This could potentially occur when community pressure is exerted against individual households, including families who are poorest or least educated and who may not be in a position to build their own latrine. Risks could also occur within the household if a woman tries to pressurise her husband to build a latrine.

In addition to the risks linked directly to the practice of open defecation (OD), or due to poorly designed or located facilities, some vulnerabilities also exist in relation to the gender or social grouping of Natural Leaders or water, sanitation and hygiene (WASH) staff. Women and people from minority groups working in the WASH sector may in their daily work face harassment, bullying or their contributions may be ignored or undermined. Female Natural Leaders working to mobilise communities to become open defecation free (ODF) may face additional challenges and there also exist risks of misuse of power by those who are implementing programmes.

Being aware of such risks and making simple modifications to existing programme and organisational processes can help to ensure that the CLTS methodologies continue to contribute most effectively to the overall reduction in vulnerabilities to violence. This issue of *Frontiers of CLTS* investigates this further.

Introduction

One in three women worldwide will experience physical and/or sexual violence by a partner, or sexual violence by a non-partner. Additionally, according to country-specific data, up to 70 per cent of women experience violence in their lifetime (WHO et al 2005, 2006, 2013). Gender-based violence (GBV) is a widespread and complex issue rooted in power differences and inequality between males and females and persistent discrimination against women. Men and boys can however also experience GBV, which is usually perpetrated by other males due to their expectations of male socially ascribed (allocated) roles.

However, the largest proportion of GBV occurs against women and girls – due to their holding less power in society and because of gender discrimination. Violence against women is not confined to a specific culture, region or country, or to particular groups of women within a society. Experiences also vary according to social status commonly dictated by ethnicity, caste, age, sexual orientation, marital status and/or disability (UN General Assembly 2006). Violence may also occur because of power differences between people of the same gender or between adults and children.

Reducing the vulnerability of rural women and girls through the construction of toilets in or close to their homes is regarded as one of the major benefits of CLTS, together with gains in privacy, convenience, self-respect, access at all hours, and time saved. Toilets close by their dwellings can significantly reduce the daily risks and anxieties experienced by women and girls who have to go further afield and relieve themselves in known open defecation sites, usually during the hours of darkness.

However, all WASH programmes and services, rural as well as urban, need to consider the safety of the users. While WASH is not the root cause of violence, WASH programmes and services which do not consider the safety of the users, can increase the vulnerabilities of women and girls and sometimes men and boys, people of other sexual and gender identities and people of other marginalised groups.

This issue of *Frontiers of CLTS* brings together lessons on violence related to sanitation and hygiene and examples of good practice from a range of contexts including urban and humanitarian as well as rural. It interprets these lessons to propose good practice for CLTS practitioners in how they can contribute to reducing vulnerabilities to violence through the ways they work.

Types of violence which may be experienced related to sanitation and hygiene

Four main types of violence considered as particularly relevant to sanitation and hygiene include:

<p>Sexual violence Rape, assault, molestation, inappropriate touching</p>	<p>Psychological violence Harassment, bullying, or causing fear, stress or shame</p>	<p>Physical violence Beating or fighting leading to injury or death</p>	<p>Socio-cultural violence Social ostracism, discrimination, political marginalisation, social norms with negative impacts</p>
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Credit: Image adapted from a picture by Annina Borstein.

Harassment or attack of girls, or in some cases boys, can occur when using communal toilet facilities.



Credit: Andrew Tovovur in Halcrow et al 2010.

Women may face aggression or physical violence for taking on what are perceived to be traditionally male roles.

The diagram on the following page identifies the ways in which violence can be linked to sanitation, hygiene and water.

How violence can be linked to sanitation, hygiene and water

Open defecation and walking long distances to collect water.

- Women and girls may have to wait until during the hours of darkness to go to defecate, then they can face harassment, abuse and the threat of rape.
- Open defecation typically occurs in unsafe locations i.e. behind bushes or in open water bodies.
- If women or children have to walk long distances to collect water this can also make them vulnerable to attack.
- Women and children can be blamed for lack of water in the household leading to domestic violence.
- There can be fighting in the water queue where water is scarce.

Poor quality CLTS facilitation or inadequate location, design or sustainability of sanitation.

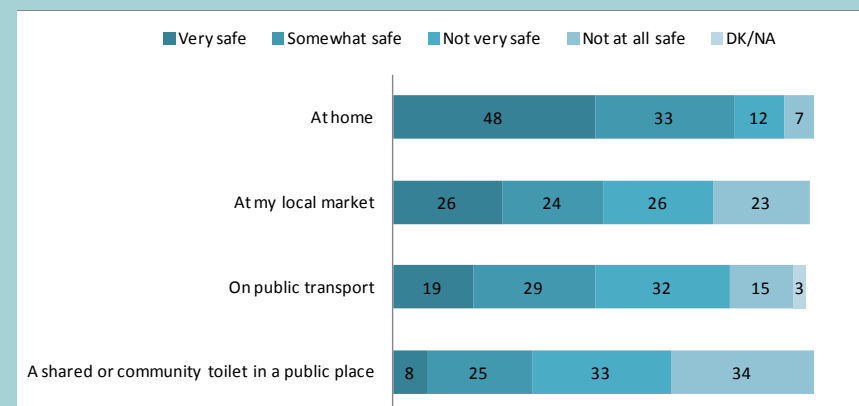
- Lack of privacy in latrines can lead to women and girls resorting to open defecation during the hours of darkness.
- Girls and sometimes boys may be frightened to use school latrines due to the risk of attack.
- Without care in facilitation of CLTS, there is a risk that community pressure could lead to incidents of violence towards families or individuals who do not build a latrine.

Exploitation and abuse of community members and challenges for female or minority staff or Natural Leaders.

- WASH actors in positions of power may demand favours from community members for their services.
- Female Natural Leaders may face additional challenges over their male peers when encouraging households to build latrines from those who do not appreciate a female to be taking on this role.
- Female or minority staff may be subject to their views being ignored, being bullied or undermined, or rumours started about their relationships with superiors if they are complimented in their work.
- There may be expectations of sexual favours from female staff for internships, jobs or promotion.

What violence related to sanitation and hygiene may look like

'The two men were standing by the beach when I finished [relieving myself in the sea]. I recognised them immediately from their voices. I knew they were drunk, because I saw them drinking in a dilapidated house close to the road in the early evening. They came and one of them grabbed my arm and one closed his hand over my mouth. They held me down and took my clothes off and raped me. They were very violent and I had bruises all over my body. I wanted to die desperately and I was crying and crying, thinking of my children. After they raped me, they warned me that if I told anyone they would cut me up. I was so afraid, but couldn't do anything. I see them around the settlement, but I wouldn't dare tell the police'. *Source: Solomon Islands, Amnesty International, 2011.*



500 female adults aged 18-54 years living in slums around Lagos Nigeria were asked questions about their feelings of safety when accessing toilets. 67 per cent said they felt 'not very safe' or 'not safe at all' when using public toilets. *Source: Adapted from Globescan and WaterAid 2012.*

Women in Khalila Majra village, Panipat District, Haryana, India, explained that they could only defecate before dawn or after sunset and they might have to wake someone up to be able to go as they only went in pairs. It would take half an hour per trip and they were at risk of stepping in shit in the dark and so had to keep a separate pair of chapples [sandals] for this purpose. If there is no-one to go with they do not go alone and this sometimes leads to themselves soiling their clothes. *Source: Chambers 2007.*

Women and girls living in resettlement areas in Delhi, India, are subject to sexual harassment, assault and abuse as a result of poorly designed and maintained public service sites. Boys and men stare, peep, hang out and harass women and girls in nearby toilet complexes. Poor drainage and piles of solid waste narrow paths and lead to increased incidents of boys/men brushing past women/girls when walking along them. *Source: Women in Cities International, Jagori, International Development Research Centre, 2011.*

In a study of over 9600 Dalit women in four states in India, women identified a range of problems by not having toilets in their premises. These include humiliation and insults; sexual harassment; health problems; painful situations during illness; risk of accidents when defecating (including on roads or railway tracks); risk of snake or insect bites; risk of attack by wild animals; and difficulties during their menstrual cycle. Women also faced a range of violence linked to water collection including abusive language, vulgar comments, sexual harassment, scolding and threats of physical violence. Women of higher castes were the most likely perpetrators of discrimination or violence against Dalit women, then same caste men and then other caste men. *Source: WaterAid and National Confederation of Dalit Organisations, 2013, unpublished.*

In Ethiopia, water scarcity can sometimes lead to domestic disputes including beatings of the person responsible for water collection within the home, fighting in the water queue and accusations of water theft from neighbours. *Source: Stephenson et al 2012.*

Women and girls may feel uncomfortable or be prevented from using sanitary facilities in the household due to cultural practices and beliefs. Examples include: in Rajasthan, India, women did not feel comfortable using the latrine built near the entrance to the family courtyard since this is a location where men often congregate. In South Asia, 20 per cent of women interviewed in one study who had access to toilets refrained from using them during their menstrual periods due to fear of staining the toilet. In Nepal, women and girls may be prevented from using the same toilet or water source as other family or community members during their menstrual periods. Other cultural practices can prevent daughters and mother-in-laws from using the same toilet facilities, or adolescent girls having to be kept separate from male members of their own families. Domestic servants may also be prevented from using the toilet of their employer. *Sources: Various.*

Women and girls in Bangladesh express concern over their safety

In rural South West Bangladesh nine out of ten women's sanitation focus groups reported feeling unsafe and vulnerable to rape when defecating. The women and girls in these focus groups lived in areas affected by floods. Some had been provided with temporary latrines by NGOs for use when they stayed in temporary shelters. Others were living in their houses and did not have access to latrines or their latrines were damaged by the flood waters.

Rape stories and a desire for privacy were prevalent in each group, so women would go to extreme lengths to defecate on high ground away from men. This included wading through chest deep flood water for hundreds of metres. One woman did this carrying her new born baby on her back, the water got too deep and the baby came untied and drowned as the mother did not know how to swim.

'Young women and girls do not feel safe even at the latrines in shelters, there is absolutely no privacy, men cut holes in the polythene walls and spy on them and try to grab us'. *Young mother of the ethnic minority in Jenqur.*

'Women have to go here and there, under trees and in gardens. We can only do this at night and feel very scared and vulnerable as we know men will wait for them there'. *Ethnic minority woman from Jenqur.*

'Women feel unsafe using the latrines, due to the risk of physical abuse. They often don't use the toilet for up to two days at a time which causes infection'. *Older girl from Pelkhata High School.*

'We have no sanitary latrine or privacy, my daughter went to go to the toilet at night and was attacked. She was gang raped by 12 men and died from her injuries'. *Older mother from Pelkhata.*

Source: Focus group discussions with communities in rural South West Bangladesh, where over half of the communities have no or very partial access to sanitary latrines during the dry season. Not a single community has adequate access during the flooding (Weighell 2015).

Rights, disgust and shame

Whilst CLTS has achieved a great deal and has greater success at reaching much larger numbers of people at scale than many other approaches, some elements of the approach have caused debate. These have included the issue of whether the focus on community rights have led to a loss in individual rights. CLTS recognises that individual behaviour has a community-wide impact, that rights do not exist in isolation and there can be conflicts between individual and community rights. For example, an individual's right not to build a latrine infringes on the right to health for the wider community. Frank discussions on OD are intended to bring collective community ownership of the problem. Ideally, the CLTS process will protect the right to health, the right to participate in decision-making, the right to be free from degrading and inhumane treatment, and easier and much safer access through a toilet in or close to the dwelling.

As a result of the triggering activities a range of strong emotions may arise, including disgust, shame and embarrassment as well as pride and self-respect. Shaming people is not 'used' as an intentional motivator in CLTS. However, people may experience shame as an emotional response to the insights that come from triggering and can result in behaviour change for household and community-wide benefit. In CLTS there is no intention to stigmatise individuals, but instead to make the practice of OD shameful (Bongartz 2012; Otieno 2012).

However, anecdotal examples have been identified where people have been stoned by other community members when practicing OD or people have had their household doors locked or livelihood based tools withheld until they have built a latrine (Bartram et al 2012). It is therefore clear that care must be taken during the facilitation process and particularly during the triggering and subsequent stages that the process or peer pressure does not lead to incidents of violence. The facilitator needs to explain that some people, particularly the poorest and least educated members of a community, may not be able to build latrines or change their practices as easily as others. The community must be facilitated to understand that they should be encouraged and supported, rather than harassed or bullied into changing their practices. A forthcoming issue of *Frontiers of CLTS* on human rights expands on this in more detail.

Implications of violence

Fear of using a toilet facility may prevent a woman or child from using it, leading to risky practices such as defecating in the open during the hours of darkness. If a woman, girl, boy or man is sexually assaulted, as well as being a very traumatic experience in its own right, it also has the potential to lead to a wide range of other very serious implications. These may include: unwanted pregnancy; sexually transmitted infections; accusations of infidelity; or rejection by the family or community. It can result in feelings of shame and depression or could lead to suicide or murder.

For women or minority staff, being harassed, bullied, ignored or undermined can lead to a loss of self confidence, depression, withdrawing from discussions, or even leaving the position. This can in turn reduce the opportunity for different perspectives and viewpoints to be incorporated into programmes and services and thus reduce their effectiveness.



Woman walking in a village in Niassa, Mozambique, July 2014. Credit: WaterAid/Panos/ Adam Patterson.

What should we practically do to reduce vulnerabilities to violence linked to sanitation and hygiene?

The following pages identify key principles for CLTS practitioners to reduce vulnerabilities to violence through their work, as well as practical suggestions on how these principles can be implemented.

Key principles to reduce vulnerabilities to violence

Increasing institutional commitment and staff capacity to respond to the issue of violence

Principle 1 - Institutionalise commitment to understand and respond to vulnerabilities to violence.

Principle 2 - Build capacities of staff to understand the risks, their responsibilities and good practices.

Principle 3 - Make links across sectors to utilise the skills of those working in protection, GBV, gender or women's empowerment.

Understanding the context and modifying approaches to consider safety

Principle 4 - Identify the vulnerabilities to violence linked to WASH in the particular context.

Principle 5 - Adapt existing participatory tools to consider violence and feelings of safety.

Principle 6 - Pay particular attention to understanding vulnerabilities of people in particularly vulnerable, marginalised or special circumstances.

Designing and implementing programmes and building in accountability to communities

Principle 7 - Build self-esteem of all, but particularly of women and girls and link to existing networks and groups for peer support.

Principle 8 - Ensure that community members have adequate information on the programme and good behaviours of staff and establish feedback mechanisms for reporting problems.

Principle 9 - Design and construct communal WASH facilities to reduce vulnerabilities to violence and provide guidance on good practices related to the same for self-constructed household facilities.

Principle 10 - Make sure there is particular transparency related to processes that involves support to specific families or individuals, such as those which may be particularly poor or vulnerable.

Make sure staff are aware of their responsibilities, appropriate behaviours and good practices

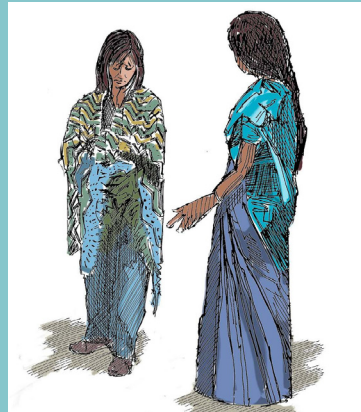
Make sure that your staff and partners know about potential violence that can occur in relation to sanitation and hygiene.

Also make sure that they know about good practices and what **behaviours are appropriate** when working in communities and between staff. This is to help prevent abuse of community members and harassment and bullying in the workplace.

Codes of conduct and gender and protection policies should be developed for organisations working on CLTS. Even simple codes of practice for smaller organisations can help to make appropriate behaviours clear to all.

All staff and partners should sign a code of conduct where it is clear that any breach would lead to **disciplinary action**.

Make links with professionals working in protection, gender-based violence, gender or women's empowerment to provide guidance on **what to do when facing incidents of violence**, as well as improving strategies for programming.



Credit: Rod Shaw / WEDC, Loughborough University.

Where possible, employ near equal numbers of men and women to offer peer support and reduce risks of harassment.

Having female staff working at community level can **encourage women community members as well as men to participate more confidently** and also provides opportunities for female community members to express concern over safety or abuse related issues.

Make links with professionals across sectors

Understand vulnerabilities to violence related to sanitation and hygiene

Undertake 'accessibility and safety audits' or 'safety mapping' to allow women and adolescent girls in particular, but also adolescent boys, to identify safety concerns for existing toilets and make recommendations for improvement. Involve community decision-makers in the process or provide feedback to them.



Safety audit. Credit: Kiloran Benn O'Leary.

Guidance on undertaking accessibility and safety audits can be found in publications by Mehrotra (2010) and Jones (2013).

Consider your methodologies:

- Make sure that the views of adolescent girls and boys are also emphasised as well as those of women.
- Where possible include questions about feelings of safety.

Where cultural norms mean that females and males cannot take part in activities together, consider modified approaches where separate CLTS-related activities are undertaken and then presented back to a mixed group.

Take care during facilitation to encourage **understanding between men and women** and the importance of **respecting** each other's experiences and needs.

The safety concerns of women and girls could be collected confidentially, or in a women-only group, and then shared anonymously with men to be able to discuss solutions.

Safety mapping

The following map was developed by women from Bhalswa slum in Delhi, India where they identified places in their local environment where violence had occurred. Whilst this map was developed in a low income urban context, the same principles apply to the rural context, before CLTS (box from Lennon 2011: 8).

The map illustrates where women felt danger and risk.

Although not all incidents referred to were associated with lack of water and sanitation facilities, defecating in the open was frequently associated with sexual violence against women.

The community toilet blocks were not mentioned as dangerous in themselves by this particular group of women but the routes to the toilet blocks were associated with sexual violence.



Source: Translated copy of map produced by women from Bhalswa slum.

Incidents taking place at each numbered location within the last two years:

1. Sexual harassment occurs (vocal and physical).
2. Sexual harassment (vocal and physical); a lady was abducted, raped and murdered; men shine lights on women when they defecate in the open and on other occasions men hide by the sewers to watch them. One woman, while defecating, was raped and murdered.
3. Sexual harassment and rape in the bushes and depressions in the land; chains are snatched from women's necks; men hide and tease passing girls and men peep inside the girls' toilets.
4. Girls face sexual harassment on the way to school; groups of men tease or abuse passing girls.
5. Sexual harassment.
6. Women face sexual harassment when defecating in the open.
7. An old woman was forced to drink alcohol before being murdered.
8. Sexual harassment; late at night women face many problems such as robbery.
9. A four year old girl was run over and killed by an auto-rickshaw driver.
10. Many incidents have happened here, including rapes.

Increasing privacy, safety and dignity through design

Locating, designing, constructing and managing toilets

Ensure that women and adolescent girls are involved in the siting and design of both household and public or shared toilets.

Design features which may make facilities feel safer to use (but should be checked on a context specific basis) include:

- Facilities are sited near to the house.
- The facility is well lit wherever possible, or women and girls have access to torches or other forms of light.
- The facility has a solid door and a lock on the inside of the door.
- Roofs are provided on the toilet, particularly where it is possible for men or boys to climb up on roofs, trees or look down into the toilet in other ways.
- The facilities are accessible for family members with limited mobility (adequate space inside, large and easy grip door handles, seat option, handrails etc) - see *Frontiers of CLTS* on 'Disability: Making CLTS Fully Inclusive' for more details.

Where public or shared facilities are necessary (such as in schools or high density urban areas) the following good practice also applies:

- Sex-segregated facilities are clearly labelled and women and girls have agreed on the distance between facilities.
- There are adequate numbers of cubicles and the service is affordable to ensure that people do not have to resort to defecating in the open.
- Screening is provided for privacy in front of the doors where women and girls feel that this makes them safer and gives them more dignity.
- The latrine should allow for effective menstrual hygiene management (disposal of sanitary materials, privacy, near access to water supply).
- Staff, operators and caretakers, where appropriate, are trained in acceptable conduct and the importance of reducing harassment.
- Paths and drains on the way to the facility are kept clear for easy access and long grass and trees on paths to the toilet are cut back regularly.

Peer support and preventing harassment and abuse

Particular care should be taken during facilitation to ensure that the **most vulnerable or marginalised** families (because of poverty level, social/ethnic group, sexual or gender identity, age or disability) are involved in CLTS processes and supported to build latrines.

Ensure that these families are not pressurised, individually shamed or harassed as part of the processes.

Take care that those offering support to vulnerable households or individuals do not use their position of power to exploit or abuse the families or individuals i.e. assisting them with the **expectation of sexual or other favours** in response.

During monitoring visits, take time to visit particularly vulnerable families to check that they did not face any problems during CLTS processes.



Credit: Petra Rohr-Röuendaal / WASH Cluster Visual Aids Library.

Use existing community groups, such as womens' or disabled peoples' groups or savings groups as an entry point for **discussions on safety related risks** and solutions.

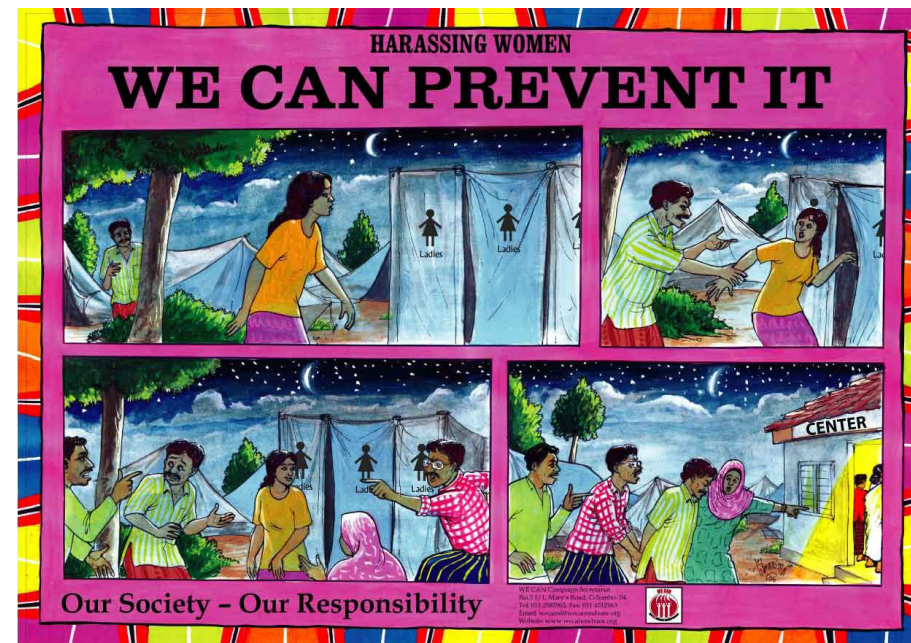
Discuss with the Natural Leaders, male or female, whether they might **prefer to work in pairs** as a way to provide **peer support** to each other when influencing other members of the community.



Credit: Rod Shaw / WEDC, Loughborough University.

Encourage more than one female Natural Leader to be identified, ideally a **minimum of three**. When women attend trainings or meetings, always ensure that more than one participates. These actions offer a degree of **peer support** and reduce the likelihood of harassment or abuse.

Encouraging men and boys to promote the safety of women and girls



Credit: We Can Campaign, South Asia.

This poster was developed as part of a protection related campaign ('We Can... prevent violence'). It is intended to encourage men and women in internally displaced persons camps in Sri Lanka to prevent and respond to harassment and violence. Whilst this poster depicts the risk of harassment when using latrines in a humanitarian context, it has lessons for both rural (pre-CLTS) and urban development contexts.

CLTS processes can encourage men - as community leaders (elders, political, religious), husbands and brothers and agents of change - to consider whether women, girls and boys feel safe when designing and locating household or communally shared sanitary facilities.

Increasing accountability to community members

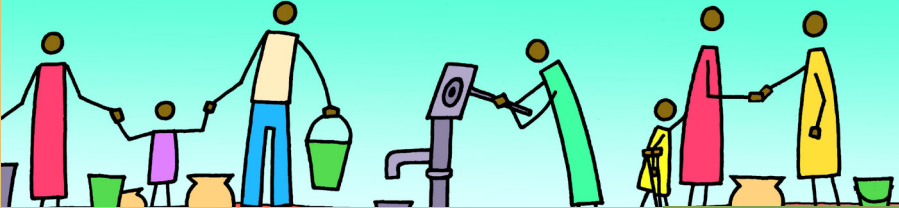
We want to Hear Your Views
Agencies are keen to hear your views (good or bad) about the water, sanitation and hygiene projects. In order to learn and improve the service we provide it is important that any problems are brought to the attention of the agency concerned as soon as possible.

Staff Behaviour
Agency staff should:

- Be respectful and polite.
- Treat you as equal partners in the project
- Actively seek your views on the way in which the WASH programme is designed and carried out.
- Always be able to explain their actions.

WASH

Water, Sanitation & Hygiene
Our Commitments
to You



It is not acceptable for agency staff to demand favours or payment in return for the provision of hygiene kits or water and sanitation facilities. Please report this if you hear of this happening.

Providing You With Information
Every agency should provide you with details of:

- The agency name and contact.
- Name(s) of staff working in your community.
- What is planned and for how long.
- Who will receive what and why they have been selected.
- Follow up visits.
- Feedback following assessments or evaluations.

WASH commitments
We aim to meet your needs for acceptable water, sanitation and hygiene facilities. Women, men, children and different sections of the community should be able to have a say in how these facilities are provided.

Credit: Adapted from Global WASH Cluster 2009.

This leaflet sets out what communities can expect from WASH staff of humanitarian organisations and explains how they can make complaints if any problems occur. Feedback or complaints mechanisms are not yet common-place in development programmes but increasing accountability to the community can help ensure that staff behave by acceptable codes of conduct and so reduces the risk of abuse by staff.

Feedback or reporting mechanisms should be in place in case CLTS processes lead to incidences of violence against individuals or families. Discussions should be held with communities to hear their suggestions as to how this could be prevented in the future.

In summary: Key points for action

CLTS has a great potential for reducing vulnerabilities to violence through ending open defecation and enabling all households to have access to latrines near to or in their houses. However, care still needs to be taken to ensure that the CLTS processes do not inadvertently lead to new vulnerabilities to violence. Implementing organisations and their CLTS facilitators need to be aware of the risks in the CLTS processes and to determine locally applicable strategies to reduce these risks. The box which follows summarises the key points for action.

1. Identify the steps in CLTS processes which could increase vulnerabilities to violence.
2. CLTS actors should promote the principle of non-violence in workshops, resources and publications.
3. Consider the kinds of support that female Natural Leaders need in order to be effective in their role and how to uphold equal participation by men and women in the communities.
4. Provide CLTS facilitators with simple, practical guidance and tools to help communities express their views in ways that don't lead to conflict and to promote respect for everyone in the community.
5. Ensure that support to vulnerable households to build toilets does not lead to their exploitation.
6. Ask the community to consider whether women, adolescents and children feel safe using the facilities so that they are able to use the household latrines on a continuous basis.
7. During the certification and verification processes include an indicator on the feelings of safety of users of the latrines and also to gain feedback on any incidents of violence which may have occurred.
8. As WASH organisations, ensure that staff act ethically and are clear that exploitative behaviours are not acceptable; in the same light establish feedback mechanisms for communities to enable reporting of any incidents of abuse.

More information

The Sanitation Hygiene Applied Research for Equity (SHARE) Consortium - funded by the UK Government's Department for International Development led the development of the '**Violence, Gender and WASH (water, sanitation and hygiene): A Practitioner's Toolkit**' with the contributions of a wide range of professionals. It has been co-published by 27 organisations.

The toolkit has been developed for organisations and governments that are providing access to these essential services, to help them better identify and acknowledge the vulnerabilities to violence which can be influenced by water, sanitation and hygiene programmes and services and to contribute to the reduction of vulnerabilities in practical ways.

It is hoped that this toolkit will encourage practitioners working in water, sanitation and hygiene to improve their understanding of these issues and in turn the effectiveness of their work, and will encourage WASH sector actors and those working in protection, GBV and women's empowerment to strengthen linkages. This toolkit aims to help WASH sector practitioners to play their part within the limits of their own capacities, working in a technical focussed sector. It does not however take away from the essential need for wider societal change to tackle the underlying causes of violence including gender based violence.

The toolkit can be accessed through the website:
<http://violence-WASH.lboro.ac.uk>

For further details: gbv@wateraid.org

References

- Amnesty International (2011) *Where is the Dignity in that? Women in the Solomon Islands Slums Denied Sanitation and Safety*, London: Amnesty International
- Bongartz, P. (2012) 'Emotional triggers: Shame? Or shock, disgust and dignity' www.communityledtotalsanitation.org/blog/emotional-triggers-shame-or-shock-disgust-and-dignity, accessed 7 April 2015
- Bartram, J., Charles, K., Evans, B., O'Hanlon, L. and Pedley, S. (2012) 'Commentary on the human right to sanitation: Should the right to community-wide health be won at the cost of individual rights?', *Journal of Water and Health* 10.4: 499–503
- Chambers, R. (2007) Field trip notes, Haryana (unpublished)
- Global WASH Cluster (2009) *WASH Accountability Resources; Ask, Listen, Communicate* booklet, New York: Global WASH Cluster, www.washcluster.info/?q=content/washaccountability-toolkit, accessed 11 October 2013
- Globescan Incorporated and WaterAid (2012) *Women, Sanitation and Security Nigeria*, November, London: Globescan Incorporated and WaterAid
- Halcrow, G., Roland, C., Willets, J., Crawford, J. and Carrad, N. (2010) *Resource Guide: Working Effectively with Women and Men in Water, Sanitation and Hygiene Programmes*, Sydney: International Women's Development Agency and Institute for Sustainable Futures, University of Technology
- House, S., Ferron, S., Sommer, M. and Cavill, S. (2014) *Violence, Gender & WASH: A Practitioner's Toolkit – Making Water, Sanitation and Hygiene Safer through Improved Programming and Services*, London: WaterAid/SHARE
- Jones, H. (2013) *Facilitator Notes: Accessibility and Safety Audit of Water and Sanitation Facilities (Version 2). Plus Individual Accessibility and Safety Audit Tools for: Latrine, School Latrine and WaterPoint*, Loughborough and London: WEDC and WaterAid
- Lennon, S. (2011) *Fear and Anger, Perceptions of Risks Related to Sexual Violence Against Women Linked to Water And Sanitation in Delhi, India*, Briefing Note, London: SHARE Consortium, www.sharesearch.org/LocalResources/VAW_India.pdf, accessed 7 April 2015
- Otieno, P. V. (2012) 'The "shame question" in CLTS', www.communityledtotalsanitation.org/blog/shame-question-clts, accessed 7 April 2015
- Mehrotra, S.T. (2010) *A Handbook on Women's Safety Audits in Low-income Urban Neighbourhoods: A Focus on Essential*

- Services*, November, New Delhi: Jagori and Women in Cities International
- Stephenson, E., Greene, L., Maes, K., Ambelu, A., Alemu, Y., Rheingans, R. and Hadley, C. (2012) 'Water insecurity in 3 dimensions: An anthropological perspective on water and women's psychosocial distress in Ethiopia', *Social Science and Medicine*, 75.2: 392–400
- WaterAid and National Confederation of Dalit Organisations (2013) 'Research on the DFID-supported IPAP programme in India in 5 States' (unpublished)
- Weighell, R. (2015) 'Can flooding adaptation to water and sanitation facilities in South West Bangladesh, reduce women's vulnerability to abuse?', unpublished undergraduate thesis, University of Sussex
- We Can Campaign (no date) advocacy materials, <http://policy-practice.oxfam.org.uk/our-work/gender-justice/we-can#91ca533e-99e1-4bd2-8d46-23f1fc49fa55>
- Women in Cities International, Jagori, International Development Research Centre (2011) *Gender and Essential Services in Low Income Communities, Report Findings of the Action Research Project: Women's Rights and Access to Water and Sanitation in Asian Cities*, Montreal and Delhi: Women in Cities International and Jagori

References for data on violence against women (WHO et al, 2005, 2006, 2013)

- UN General Assembly (2006) *In-Depth Study on All Forms of Violence against Women: Report of the Secretary-General, A/61/122/Add.1*, 6 July
- World Health Organization, London School of Hygiene and Tropical Medicine and the South African Medical Research Council (2013) *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence And Nonpartner Sexual Violence*, Geneva: WHO
- World Health Organization (2005) *Summary Report, WHO Multi-Country Study on Women's Health and Domestic Violence Against Women, Initial Results on Prevalence, Health Outcomes and Women's Responses*, Geneva, Switzerland: WHO
- United Nations Secretary-General's Campaign to End Violence Against Women (UNiTE) (2011) *Violence Against Women, factsheet*, http://endviolence.un.org/pdf/pressmaterials/unite_the_situation_en.pdf, accessed 11 October 2013

About the series

This is a series of short notes offering practical guidance on new methods and approaches, and thinking on broader issues. We welcome comments, ideas and suggestions, please contact us at clts@ids.ac.uk

Other key resources on CLTS

These and many other resources are available at www.communityledtotalsanitation.org/resources

Bongartz, P., Musembi Musyoki, S., Milligan, A. and Ashley, H. (2010) *Tales of Shit: Community-Led Total Sanitation in Africa*, Participatory Learning and Action 61, London: International Institute for Environment and Development

Kar, K. (2010) *Facilitating 'Hands-on' Training Workshops for CLTS: A Trainer's Training Guide*, Geneva: WSSCC

Kar, K. with Chambers, R. (2008) *Handbook on Community-Led Total Sanitation*, Brighton and London: IDS and Plan International

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Other titles in this series

Issue 1: Cole, B. (2013) 'Participatory Design Development for Sanitation'. Ben Cole, who helped UNICEF to adapt and trial participatory latrine design in Malawi, describes the different stages of participatory latrine design and gives practical guidance based on the experiences in Malawi.

Issue 2: Maulit, J.A. (2014) 'How to Trigger for Handwashing with Soap'. This guide, developed in Malawi by UNICEF, addresses the need for specific tools that help to incorporate handwashing into CLTS.

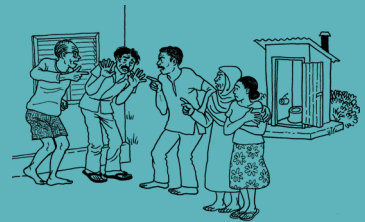
Issue 3: Wilbur, J and Jones, H. (2014) 'Disability: Making CLTS Fully Inclusive'. This issue focuses on people with disabilities and particular needs for access to sanitation. It includes practical recommendations for people engaged in CLTS to make the different phases and processes of CLTS more inclusive.

Issue 4: Cavill, S. with Chambers, R. and Vernon, N. (2015). 'Sustainability and CLTS: Taking Stock' This issue is an attempt at an up to date synthesis of where we are at the beginning of 2015. In this issue, we identify some priority areas for learning.

Making Sanitation and Hygiene Safer: Reducing Vulnerabilities to Violence

CLTS aims for total sanitation where no-one practices open defecation, which in itself has potential to reduce vulnerabilities to violence. Concerns over safety, privacy or dignity when using sanitary facilities can however lead to the facilities not being used or only being used during hours of darkness. Whilst poor design or siting of latrines or hygiene related facilities are not the root cause of violence, these issues can contribute to increased vulnerabilities to violence, as well as fear of violence, which can affect the usage of the facilities and also the ability of communities to become and remain ODF.

This issue of *Frontiers of CLTS* focuses on the issue of safety and vulnerabilities to violence that women, girls and sometimes boys and men can face which are related to sanitation and hygiene. It points out areas in which CLTS methodologies, if not used skilfully with awareness and care, can run the potential risk of creating additional vulnerabilities, for example as a by-product of community pressure to reach ODF. It also looks at good practices within organisations to ensure that those working in the sector know how to programme to reduce vulnerabilities to violence and to ensure that sector actors also do not become the perpetrators of, or face violence.



Illustrations by Regina Faul-Doyle, adapted from materials developed by the 'We Can Campaign' in South Asia.



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